

FILED AUG 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6695

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3248a Knapp St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3248a Knapp St. 26
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William F. Kollmeyer

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 49 years
Kollmeyer nee Moore

7. Birth date of deceased November 23, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 7 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Pressman
11. Industry or business Bernard Printing Co.

MOTHER FATHER { 12. Name Henry Kollmeyer
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Bormann
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Kollmeyer
(b) Address 3248a Knapp St.

17. (a) Burial (b) Date thereof 8/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) Aug 31 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1944 hour 7:45 AM minute 0 M.

21. I hereby certify that I attended the deceased from October 9 1943 to July 30 1944
that I last saw him live on July 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Absence of left leg
non-perforated collar
Gen. arteriosclerosis
Arterio. deformant
Due to 1 yr
Due to 1 1/2 yr

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury 0

23. Signature Arch Swallow (M. D. or other) M.D.
Address 2202 University St. Date signed 9/3/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.