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1436
FILLED JAN 5 1945
Registration District No. 018

Primary Registration District No. 1003

Registrar's No. 11265

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 mo - 30 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3612 Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phillip Kallmayer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
year 1944 hour 10:50 minute _____ A. M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 19 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/1/44
_____, 19____, to 12/30/44, 19____;

that I last saw h im alive on 12/30/44, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79	4	11	_____ hr. _____ min.
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Immediate cause of death myocardial failure Duration _____

Due to Ca. of prostate, senility, general debility.

DD to _____

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

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

Major findings: 51

11. Industry or business Brinkman Real Estate Co

12. Name Fred Kallmayer

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name (Unknown)

15. Birthplace Germany (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Kallmayer (Son)

(b) Address 3825 Humphrey

17. (a) Burial (b) Date thereof Jan 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1936 St Louis Ave

19. (a) JAN 1 1945 (Date received local registrar) J. F. Brueck (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J. F. Brueck (M. D. or other) _____
Address 1515 Lafayette 12/30/44 Date signed

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..... *[Handwritten Signature]*

Licensed Embalmer No. *3737*

P. O. Address..... *1936 N. ...*

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.