

FILED MAR 23 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2387

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 #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4001 Olive 19
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Kemzler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 2 1885
(Month) (Day) (Year)

8. AGE: Years 60. Months 0 Days 10. If less than one day _____
or _____ min.

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

10. Usual occupation Chef

11. Industry or business Hotel Kitchen

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ira Warfield

(b) Address 3812 Olive St

17. (a) Burial (b) Date thereof 3-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Smy Mullen

(b) Address MAR 14 1945

19. (a) J. Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1945 hour 2:55 minute A. M.

21. I hereby certify that I attended the deceased from 2/15/45
19 _____, to 3/12/45 19 _____

that I last saw him im alive on 3/12/45 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Epidemic - Streptococcus

Due to 153.7 2015

Due to _____

Other conditions Leg ulcer

(Include pregnancy within months of death)

Major findings: none performed

Of operations _____

Of autopsy not obtained

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 _____

23. Signature Mullen (M. D. or other) _____

Address 1515 Lafayette Date signed 3/12/45

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

MOTHER FATHER

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

John Keiter

Licensed Embalmer No

3880

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.