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5-17-39
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744290
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35469
State File No. 10246
Registrar's No.

FILED DEC 31 1945

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 3 mos - 24 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2633 Virginia Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Kammerer
(b) If veteran, name war -- (c) Social Security No. --

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary A. Kammerer
(c) Age of husband or wife if alive 72 years
7. Birth date of deceased January 4 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 24
If less than one day hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business

MOTHER FATHER
12. Name John Kammerer
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)

16. (a) Informant Mary A. Kammerer
(b) Address 2633 Virginia Ave.

17. (a) burial (b) Date thereof 11-28-45
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) NOV 27 1945 NOV 27 1945
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th
year 1945 hour 9:35 minute 8/1/45 P M.
21. I hereby certify that I attended the deceased from 11/25/45 to 11/25/45
that I last saw him alive on 11/25/45 and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Bronchopneumonia
Due to Senile Psychosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration
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?

23. Signature P. J. J. [Signature] (M.D. or other)
Address 1518 Lafayette Date signed 11/25/45

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.....

Homer Frutky

Licensed Embalmer No.....

✓ 3882

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.