V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11297

FILED MAR 30 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ~~2655~~

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

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:
2835 Goodfellow Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 2835 Goodfellow Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Burchard A. Kaemmerer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Roth Kaemmerer

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

7. Birth date of deceased Oct (Month) 14 (Day) 1902 (Year)

8. AGE: Years 43 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Tony Kaemmerer
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dietz
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Tony Kaemmerer

(b) Address 2042 Newell Dr. Ferguson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natl. Bridge Ave.

19. (a) MAR 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 19th.
year 1946 hour 4 minute 15 p.M.

21. I hereby certify that I attended the deceased from 1941, 19__, to Mar 19, 1946;
that I last saw him alive on Mar 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cirrhosis of Liver
Chr Myocarditis

Due to

Due to Chr alcoholism
Hypertension

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Samuel Wolff (M. D. or other) Mo.

Address 2906 N. Union Date signed 3/20/46

(Licensed Embalmer's Statement on Reverse Side)

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 Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address Lebanon 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.