

S. No. 2  
M-2-43  
5-17-39  
-I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17899

FILED MAY 27 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1083

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 1/2 hours  
(Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 5620 Jennings Road 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME HELEN KEMESTREEM

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife George Kemestroom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 13 1886  
(Month) (Day) (Year)

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

59	6	5	_____ hr. _____ min.
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9. Birthplace Maine  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Anthony Plouff

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

14. Maiden name Helen Brooks

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

16. (a) Informant Adeline Harmon-- Daughter

(b) Address 5620 Jennings Rd.

17. (a) Burial (b) Date thereof 522 22 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinder Comet Cuba Me

18. (a) Signature of funeral director Kriegshausner

(b) Address 4228 So. Kingshighway

19. (a) 5-20-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
year 1946 hour Eight minute 00 PM.

21. I hereby certify that I attended the deceased from May 18th 1946 to May 18th 1946  
that I last saw her alive on May 18th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure Duration 3 hrs

Due to Coronary Occlusion 1 day

Due to Coronary Sclerosis 94 ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy as above

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 Paul B. Vatter (M. D. or other) M.D.  
Address St. Louis County Hosp Date signed 5/19/46

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

16778

6  
2  
3

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**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 *Richard W. Stoverson*

Licensed Embalmer No. *4007*

P. O. Address.....

**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.**