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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 8 3 1947**  
Registration District No. 3197

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
6076

State File No. 15958  
Registrar's No. 255-950

Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 3/12/47  
(Specify whether years, months or days) 66 years

3. (a) PRINT FULL NAME KELLENBERGER, Joseph A.  
3. (b) If veteran, name war Spanish-American  
3. (c) Social Security No. unknown

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 3, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 1 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

12. Name Christian Kellenberger  
13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Geiger  
15. Birthplace Carsonville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital,  
(b) Address Jefferson Barracks 23, Missouri

17. (a) BURIAL (b) Date thereof 4-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director L. B. Tanner  
(b) Address 6107 Natural Bridge

19. (a) 4-26-47 (b) Geneva Schaeffer  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6113 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 25  
year 1947 hour 1:25 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from March 12, 1947, to April 25, 1947,  
that I last saw him alive on April 25, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the esophagus with rupture into aorta, causing massive hemorrhage

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations No operation

Of autopsy autopsy performed  
See cause of death.

**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) no

(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 \_\_\_\_\_

Signature P. E. Stivers (M. D. or other) \_\_\_\_\_

Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 4-26-47

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 Chas R. Cadwell  
Licensed Embalmer No. 4077  
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.**