

**FILED JUL 7 1947**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **318**

(a) County **MISSOURI**

(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **PARK LANE HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 DAYS**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **0-20**

(c) City or town **ST. LOUIS** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3146 & MICHIGAN** **9**  
(If rural, give location) **0**

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLES KOLLMMEYER**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LOUISA** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **JAN. 21 1871**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **8** If less than one day hr. min.

9. Birthplace **ST. LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED BRICK MASON**

MOTHER FATHER

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

12. Name **WILLIAM KOLLMMEYER**

13. Birthplace **GERMANY 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **GERMANY 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **LOUISA KOLLMMEYER**

(b) Address **3146 & MICHIGAN**

17. (a) **BURIAL** (b) Date thereof **JULY 1, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. HOPE MAUSOLEUM**

18. (a) Signature of funeral director **Thomas Kutis**

(b) Address **2906 GRAVOIS**

19. (a) **JUN 30 1947** (b) **J. F. Bredeck**  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **29**  
year **1947** hour **1** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 26**, 19 **47** to **June 29**, 19 **47**  
that I last saw him alive on **June 29**, 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured gangrenous appendicitis.**

Duration \_\_\_\_\_

Due to **Same as above.**

Due to **121**

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

Major findings: **As stated above.**

Of autopsy **No autopsy**

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? **0**

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature **J. F. Bredeck** (Registrar's signature)  
Address **4930 Lindell, St. Louis, Mo.** Date signed **6/30/47**

**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 *Leo J. Budde*

Licensed Embalmer No. *3989*

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.**