

S. No. 2
M-12-45
V. 5-17-39
X47070

FILED AUG 4 1947

Registration District No. 277 Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Mary's Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)

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

In this community 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frances Kallmayer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edwin Kallmayer

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 22, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>28</u>	hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business

12. Name Frank Mayrose

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

14. Maiden name Caroline Lager

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

16. (a) Informant Edwin Kallmayer

(b) Address 5267 Davison

17. (a) Burial Calvary Cemetery
(Burial, cremation, or removal)

(b) Date thereof July 23 '47
(Month) (Day) (Year)

(c) Place of burial or cremation Bromschwig and Son Funeral Home

18. (a) Signature of funeral director [Signature]

(b) Address 4746 W. Florissant Ave.

19. (a) 24-47 (Date received local Registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5267 Davison Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 15 '47 to July 20 '47
that I last saw her alive on July 20, 1947
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertens. vasc. Disease

Other conditions 921 a

Duration 24 hrs
1 yr

Major findings: [Signature]

Of operations _____

Of 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? _____

(Specify type of place) _____

While at work _____ (c) Means of injury _____

23. Signature Ralph H. Hurler (M.D. or other) _____

Address 37 20 Washington Date signed 7/21/47

SEP 19 1947

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 Elmo 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.