. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35926

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9470

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 2217a Sullivan 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 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2217a Sullivan Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 90 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Fredericka Kellermeier

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife late Herman Kellermeier

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

7. Birth date of deceased February 7th, 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Herman Stahberg
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Heyl
(b) Address 2241 Sullivan

17. (a) Burial (b) Date thereof 10-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) OCT 14 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1947 hour 10:30 minute PM M.

21. I hereby certify that I attended the deceased from November 22, 1942 to Oct. 12, 1947;
that I last saw her alive on Oct. 12, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	5 min.
Due to Chronic Myocarditis	5 yrs.
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations 61
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Arthur Gindler (M. D. or other) M.D.
Address 2202 University St. Date signed Oct 13, 47

Jefferson City Printing Co.

(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 Van Eizemore

Licensed Embalmer No. 4343

P. O. Address 2223 St. Louis

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.