

FILED FEB 20 1948

Registration District No.

318

Primary Registration District No.

1003

State File No.

6570

1370

Registrar's No.

1. PLACE OF DEATH:

(a) County: St Louis  
(b) City or town: St Louis  
(c) Name of hospital or institution: 3733 Lindell Blvd.  
(d) Length of stay: 6 yrs  
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis  
(c) City or town: St Louis  
(d) Street No.: 3733 Lindell  
(e) Citizen of foreign country? No  
If yes, name country:

3. (a) PRINT FULL NAME: Simon Kellerman III

3. (b) If veteran, name war: no  
3. (c) Social Security No.: 490-20-3996

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Divorced  
6. (b) Name of husband or wife:  
6. (c) Age of husband or wife if alive: years  
7. Birth date of deceased: January 28 1901

8. AGE: 47 Years, 0 Months, 9 Days

9. Birthplace: Edwardsville Illinois

10. Usual occupation: Personal Manager

11. Industry or business: Curtis-Wright Airplane Co

12. Name: Simon Kellerman Jr.

13. Birthplace: Edwardsville, Illinois

14. Maiden name: Francis Haeren

15. Birthplace: Madison County Illinois

16. (a) Informant: Simon Kellerman II Jr.

(b) Address: Edwardsville, Illinois

17. (a) (b) Date thereof: removal 2-8-1948

(c) Place: burial or cremation: Edwardsville, Ill

18. (a) Signature of funeral director: Straube Funeral Home

(b) Address: Edwardsville, Illinois

19. (a) FEB 10 1948 (b) J.F. Breck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7th 1948 8:45 P.M.

21. I hereby certify that I attended the deceased from about Jan 1947, to Feb 7 1948  
that I last saw him alive on Feb 7 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure  
Due to: Rheumatic Heart Disease

Other conditions: 95 lb  
Major findings: Of operations: -  
Of autopsy: -

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? -  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

23. Signature: J.F. Breck (M. D. or other)  
Address: St Louis Mo Date signed: 2-8-48

Duration: several episodes for some years

PHYSICIAN: Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

**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 *Ronald O Yalunke* .....

Licensed Embalmer No. *3917* .....

P. O. Address *Theris 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.