

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1949

318

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State File No. 2082  
Registrar's No.

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMA-RY REG. DIST. NO. _____		State File No. <b>2082</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>			c. LENGTH OF STAY (in this place) <b>6 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>7525 Wellington Way</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pansy</b>			b. (Middle) <b>Constance</b>		c. (Last) <b>Kammerer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 3 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 19, 1894</b>		9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Days <b>14</b>	Hours <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Texas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Francis Hill</b>			14. NAME OF HUSBAND OR WIFE <b>Paul Kammerer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Kammerer, Clayton, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Post-operative hemorrhage</b>							
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <b>Left pneumonectomy</b> <b>114</b>							
		DUE TO (c) <b>Rupture of left bronchus</b> <b>527</b>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>3/3/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Rupture of left bronchus</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>Feb. 25</b> , 19 <b>49</b> , to <b>March 3</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>March 3</b> , 19 <b>49</b> , and that death occurred at <b>12:15 P.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>H. Bradley</b> (Degree or title) <b>0 M D</b>				23b. ADDRESS <b>Barnes Hospital</b>			23c. DATE SIGNED <b>3/4/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 5, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co, Missouri</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>WAR 3 REAS J B Foster</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Bopp, Inc., Kirkwood, Mo.</b>					

2082

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.