

FILED MAY 5 1949

STANDARD CERTIFICATE OF DEATH

13911

State File No. 3650

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY County	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2347a Warren St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital			

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle)	c. (Last) Kuemmerle	4. DATE OF DEATH April 20 1949
--	------------	-------------	-------------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 27 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 2	IF UNDER 4 HRS. Days 23	IF UNDER 15 MIN. Hours 15
-----------------------	----------------------------------	--	--	--	---------------------------------------	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY Hellrung Grimm	11. BIRTHPLACE (State or foreign country) St. Louis MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME Joe Kuemmerle	13b. MOTHER'S MAIDEN NAME Sophie Nolte	14. NAME OF HUSBAND OR WIFE Lena Kuemmerle
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lena Kuemmerle	ADDRESS 2347a Warren St
---	-------------------------	--	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor or cancer of gall bladder		15 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration		10 days
DUE TO (c) Myocarditis - Chronic		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Hbs.
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 15' 3" X
--	--	---

22. I hereby certify that I attended the deceased from **April 5, 1949**, to **April 20, 1949**, that I last saw the deceased alive on **April 20, 1949**, and that death occurred at **4/20 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. U.	23b. ADDRESS 2249 St. Louis ave	23c. DATE SIGNED 4/21/49
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 23 1949	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis CO MO
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. APR 23 1949	REGISTRAR'S SIGNATURE J. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE Carin F Feute	ADDRESS 4828 Nat Bridge Blvd
--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

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

John A. Minn

Licensed Embalmer No. *4186*

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.