

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1950

State File No. 21683
1955

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>					
b. CITY OR TOWN <u>St Louis Mo</u>		c. LENGTH OF STAY (in this place) <u>43 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morrison</u>		OR TOWN <u>0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) <u>Matilda Elizabeth Kallmeyer</u>			a. (First) <u>Matilda</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Kallmeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-50</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 12, 1883</u>			
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Rosebud, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Gottlieb Huerner</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Kottmeier</u>		14. NAME OF HUSBAND OR WIFE <u>Ernst Kallmeyer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernst Kallmeyer, Morrison, Mo.</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>				ANTECEDENT CAUSES				DUE TO (b) <u>Carcinoma of tail of pancreas (Supp report)</u>	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Hypertensive cardiovascular disease and cerebral thrombosis</u>				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 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) _____		21f. HOW DID INJURY OCCUR? <u>Stroke</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>4-23</u> , 19 <u>50</u> , to <u>6-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>50</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>F R Bradley</u> (Degree or title) <u>M D</u>				23b. ADDRESS <u>Barnes Hosp</u>		23c. DATE SIGNED <u>6/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evang. Good Hope</u>		24d. LOCATION (City, town, or county) (Block) <u>Morrison, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUN 5 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>					

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Robert M. Murr*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.