

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3053

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond Hights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>33</u> OR TOWN <u>University City, 4336.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>6314 Clive St. Road.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>CHARLES</u>	b. (Middle) <u>A.</u>	c. (Last) <u>KILLMER.</u>	(Month) <u>Dec.</u>	(Day) <u>16,</u>	(Year) <u>1950.</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15, 1872.</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>University City</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	--	--

13a. FATHER'S NAME <u>Acquillas Killmer</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Killmer wife</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Killmer, 6314 Olive St. Rd</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction due to Cor.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Cerebral Thrombosis</u> DUE TO (c) <u>Diabetes Mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 20 1</u>	

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2 1948, to 12-16-, 1950, that I last saw the deceased alive on 12/16, 1950, and that death occurred 12:00 Noon from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Reis MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>3. Humboldt Bldg</u>	23c. DATE SIGNED <u>12-18-50</u>
------------------------------------	-----------------------------	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 20, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12/18/50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Lombard MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>1125 Hodiamont Ave.,</u>
--	--	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1005

Dr. Carl Reiss
3604 Washington Ave.,
J.E. 1800.

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Alfred J. Bodeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.

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.