

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24833

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6194

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital		d. STREET ADDRESS (If rural, give location) 275 Union Ave. 0	

3. NAME OF DECEASED (Type or Print) PAUL			a. (First)			b. (Middle)			c. (Last) KAMMERER			4. DATE OF DEATH July 10, 1951 (Month) (Day) (Year)			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed L		8. DATE OF BIRTH Feb. 10, 1881		9. AGE (In years last birthday) 70		# UNDER 1 YEAR Months 5		# UNDER 1 MTH. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner				10b. KIND OF BUSINESS OR INDUSTRY Restaurant				11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Adolph Kammerer				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Constance Kammerer (Dec'd)							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bill Kammerer, 680 Hawbrook, Glendale							

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>FN of skull; Laceration of Brain</i> INTERVAL BETWEEN ONSET AND DEATH <i>suffered when deceased jumped from bathroom window of room # 1607 on the 16th floor of the Congress Hotel to the ground below on July 10 1951 at about 8:43 pm</i>											
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stated the underlying cause last.</i>											
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>suicide while suffering from temporary mental aberration</i>											
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, or out, office bldg., etc.) <i>Room</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 10 5, 1951 8:43 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E978X</i>			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *8:43 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patrick E Taylor Carmel</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7.11.51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/12/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cemetery</i>	
DATE REC'D BY LOCAL REG. <i>JUL 11 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Louis H. Bopp, Inc., Kirkwood, Mo.</i>	

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

TEST 26 1981

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 Felix Duward

Signed.....
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 72

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.