

V.S. No. 300
REV. 10-48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22935

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1747

4008
1

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

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Jennings	c. LENGTH OF STAY (in this place township) Unknown	3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings <u>4138</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 8316 College Avenue, 21		d. STREET ADDRESS (If rural, give location) 8316 College Avenue, 21, 0	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) J.	c. (Last) Kammann	4. DATE OF DEATH (Month) (Day) (Year) June 26th, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 17th, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	10b. KIND OF BUSINESS OR INDUSTRY Leschen Rope Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Kammann	13b. MOTHER'S MAIDEN NAME Katherine (Unknown)	14. NAME OF HUSBAND OR WIFE Clara Kammann nee Sanders
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Kammann, 8316 College Avenue, 21	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Large Bowel		INTERVAL BETWEEN ONSET AND DEATH 4 mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c)		
11. 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 Carcinoma of Large Bowel	153X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 8:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Koller M.D.	23b. ADDRESS 3720 Washington St. St. Louis, Mo.	23c. DATE SIGNED 6/26/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/30/52	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 6-27-52	REGISTRAR'S SIGNATURE Verbeet R. Danke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
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SW (Licensed Embalmer's Statement on Reverse Side)

Prisco Hospital, Kingshighway &
Laclede Avenues between 2:00 P. M.
& 4:30 P. M. Thursday Sure,

FILE IN ST. LOUIS COUNTY.

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 J. Merian

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.