

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26849

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1850

1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jennings <u>4138c</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2127 Switzer Avenue			Length of stay in 1b 1 year		d. STREET ADDRESS (If outside, give location) 2127 Switzer Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Edward First J Middle Kammerer Last				4. DATE OF DEATH July 24 1957 Month July Day 24 Year 1957					
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 29, 1905		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Part's & Service Representative			10b. KIND OF BUSINESS OR INDUSTRY GMC Truck & Coach Co		11. BIRTHPLACE (City and state or country) Winslow, Indiana		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jacob Kammerer				14. MOTHER'S MAIDEN NAME Elizabeth Toesette					
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. 493-07-1898		17. INFORMANT Mrs. Juanita Kammerer, 2127 Switzer Ave Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201							INTERVAL BETWEEN ONSET AND DEATH 1 hr. yes.		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Dec. 1956</u> to <u>July 24, 1957</u> and last saw ^{her} _{him} alive on <u>July 1957</u> Death occurred at <u>4:16 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. A. Hermann</u> (Degree or title) MD				22b. ADDRESS <u>4161 Lindell</u>			22c. DATE SIGNED <u>7/24/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial		7-27-57		Memorial Park Cem.		St. Louis Co., Mo			
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair ADDRESS				25. DATE RECD. BY LOCAL REG. 7/25/57		26. REGISTRAR'S SIGNATURE <u>Herbert H. Romke</u> MD <i>esc</i>			

(Licensed Embalmer's Statement on Reverse Side)

dh, ifare, lic, vice, 00, 56, Doctor, Coroner, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural cause. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *Hugh B Burnle*

Licensed Embalmer No. *42*

P. O. Address *St Louis*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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