

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009439

STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 118 Primary Registration District No. 4187 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Berger</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Berger</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>His Residence</b>		Length of stay in 1b <b>10 Yrs</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>OSCAR</b> Middle <b>BENJAMIN</b> Last <b>KALLMEYER</b>				4. DATE OF DEATH Month <b>4</b> Day <b>4</b> Year <b>1958</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>6-15-1891</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Daywork</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>		9. AGE (In years last birthday) <b>66</b>		11. BIRTHPLACE (City and state or country) <b>Berger, Mo.</b>	
13. FATHER'S NAME <b>August Kallmeyer</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-44-5627</b>		17. INFORMANT Address <b>Mrs. Josephine Kallmeyer, Berger, Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease with hypertension</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  <b>10 years</b>	
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.) <b>4200</b>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 <b>1/10/49</b> to <b>4/4/58</b> and last saw her alive on <b>3/23/58</b> . Death occurred at <b>10:00AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>B. P. Eisenmann M.D.</b>				22b. ADDRESS <b>New Haven, Mo.</b>		22c. DATE SIGNED <b>4/5/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-7-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns E&amp;R Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Berger Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Raue &amp; Blumel Berger Mo</b>				25. DATE RECD. BY LOCAL REG. <b>4-5/1958</b>		26. REGISTRAR'S SIGNATURE <b>Nettie Murphy</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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 Roger W. Blumer..... Student Embalmer No. 55  
working under my personal supervision..

Student Roger W. Blumer  
Signature of Student Embalmer

Signed Hegert B. B...  
Licensed Embalmer No. 316

P. O. Address Hermann,

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.