

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017506

STATE FILE NUMBER

FILED MAY 21 1958

Registration District No. 52

Primary Registration District No. 701

Registrar's No. 318

S. 300
1-57

1640

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cape Girardeau 0164		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospt.			Length of stay in lb 15 months		d. STREET ADDRESS (If outside, give location) 540 South Middle St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EDITH Middle E. Last KAMMER				4. DATE OF DEATH Month May Day 10 Year 1958					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 3, 1879		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 9 Days 7 IF UNDER 24 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper and Cashier Grocery Store Cape Girardeau, Mo.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) U. S.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Anton Kammer.			13b. MOTHER'S MAIDEN NAME Catherine Wichterich			14. NAME OF HUSBAND OR WIFE None			
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. 490-05-7022		17. INFORMANT Mrs. Clara Kammer Address St. Louis, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis.							INTERVAL BETWEEN ONSET AND DEATH 15 mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) Chronic Hypertensive Myocarditis. 11 yrs. +		
							DUE TO (c) Arteriosclerosis Cerebral 11 yrs. +		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.) 443X						
20c. TIME OF INJURY Hour 4:10 Month, Day, Year Feb. 22-47 a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 Cape Girardeau Mo.		COUNTY		STATE		
21. I attended the deceased from Feb. 22-47 to May 10-58 and last saw her alive on May 10-58 Death occurred at 4:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE * William J. Oehler M.D. (Degree or title)				22b. ADDRESS Cape Girardeau Mo.			22c. DATE SIGNED 5-12-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 13, 1958		23c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		23d. LOCATION (City, town, or county) Cape Girardeau, Missouri		(State)	
24. FUNERAL DIRECTOR Walther Funeral Home, ADDRESS Cape Girardeau, Mo.				25. DATE RECD. BY LOCAL REG. May 16, 1958		26. REGISTRAR'S SIGNATURE Mrs. James C. Cooper			

MAY 26 1958

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 *Virgil H. Welch*
Licensed Embalmer No. *4102*
P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.