

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007291
STATE FILE NUMBER
2 1187
Registrar No.

FILED FEB 17 1959

Registration District No.

Primary Registration District No.

Registrar No.

300
-57
10
991
0

1. PLACE OF DEATH a. COUNTY			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 St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home		Length of stay in lb	d. STREET ADDRESS 4385 Maryland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD CHARLES KAMMERER			4. DATE OF DEATH Month Day Year Feb. 2, 1959		
5. SEX male 0	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 Sept. 2, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 MRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) retired Highschool Teacher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis G. Kammerer		13b. MOTHER'S MAIDEN NAME Catherine Hoffman		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 none		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Clayton Mo. Mr. Alfred E. Kammerer 211 N. Bemiston Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.		DUE TO (b) cerebral vascular thrombosis		5 years	
		DUE TO (c) cerebral arteriosclerosis 332x			
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"/> 2	
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 Month, Day, Year a.m. p.m.					
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 Death occurred at 5:30 pm Oct 1937 to Feb 2 59 and last saw him alive on Jan 30 59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Samuel B Grant M.D.			22b. ADDRESS 114 N Taylor Ave		22c. DATE SIGNED 2-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blv'd.		25. DATE RECD. BY LOCAL REG. FEB 3 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(KAMBERG)
City Use

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.