THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015227

STATE FILE NUMBER 2 4356

Filed MAY 14 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1a. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3921 a Ashland — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 3921 a Ashland — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Henry Middle: W. Last: Kellermeyer

4. DATE OF DEATH: Month May Day 1 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 28-1869

9. AGE (In years on last birthday): 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tool & Die Maker

11. BIRTHPLACE (City and state or country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Herman Kellermeyer

13b. MOTHER'S MAIDEN NAME: Elizabeth Ahlmeyer

14. NAME OF HUSBAND OR WIFE: Catherine Kellermeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Virginia Kellermeyer Address: 3921 a Ashland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 420.0

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 [ ] NO [✓] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1-5-59 to May 1-59 and last saw him alive on May 1-59

Death occurred at 8:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Francis J. Mueller (Degree or title) M.D.

22b. ADDRESS: 4114 W Florissant

22c. DATE SIGNED: 5/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 5 1959

23c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co.

24. FUNERAL DIRECTOR ADDRESS: Leidner Undertaking 2223 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.: MAY 4 '59

26. REGISTRAR'S SIGNATURE: Pearl Smith, M.D. L.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 307

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.