

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6539

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 303  
 City St. Louis (No. 4534, Atchafalaya Ave.) St. 1475 (Word)

**2. FULL NAME**

(a) Residence. No. 4534 Atchafalaya Ave. (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William T. Toenges (Deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 16 1878</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Louis H. Kallmeier</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Anna L. Boller</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY)

14. INFORMANT William Kallmeier  
 (Address) 4534 Atchafalaya Ave

15. FILED 7-9-1928 REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1927, to Feb. 7th 1928, that I last saw h. alive on Feb. 7th 1928, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
11890 R  
 (duration) 5 yr. yrs. — mos. — da.  
 CONTRIBUTORY (SECONDARY) Anaemia  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Theo W. Engelmann, M. D.  
Feb 7, 1928 (Address) 5043 Vernon Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters DATE OF BURIAL Feb. 9 1928

20. UNDERTAKER Math. Hermann & Son ADDRESS 4103E Writ Florissant Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

