

MAR 20 1943
Registration District No. **318**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4889 Margaretta Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4889 Margaretta Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Louis Kallemeier

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Kallemeier 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 12th, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 22 hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Paacker

11. Industry or business Meat

12. Name John Kallemeier

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schneider

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Kallemeier
(b) Address 4889 Margaretta Ave.

17. (a) Burial (b) Date thereof 3-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl.

19. (a) MAAD (b) J. F. Budick
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th.
year 1943 hour 1.30 minute P. M.

21. I hereby certify that I attended the deceased from 2-17 1943, to 3-4 1943
that I last saw him alive on 3-4-43
and that death occurred on the date and hour stated above.

Immediate cause of death Circumstances of death with general metastasis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
23. Signature J. F. Budick (M. D. or other) 0
Address 3710 N. Grand Bl. Date signed 3-5-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

844

9.9. Dank
5014 Shukla
2-4

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers
Licensed Embalmer No. 3916
P. O. Address. 3710 N. Grand Bl

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 this body is not embalmed, fact should be so stated above.