

FILED MAR 17 1942 791

Registration District No. _____

Primary Registration District No. **100**

Registrar's No. **1337**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4039 S. Spring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **58 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **15-17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4039 S. Spring** **9**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12**
year **1942** hour **12** minute **30A.** M.
21. I hereby certify that I attended the deceased from **Jan. 12**
1942 to **Feb. 12** **1942**
that I last saw him alive on **Feb. 12** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Acute Indigestion** Duration
due to improper diet.

Due to _____
Due to _____
Other conditions **Heart Disease**
(Include pregnancy within 4 months of death)
(Mitral stenosis)

Major findings:
Of operations _____
Of autopsy **g2 B**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **g2 B**
(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)
(e) Means of injury _____
23. Signature **J. L. Price** (M. D. _____)
Address **721 Olive St.** Date signed **1/10/42**

3. (a) PRINT FULL NAME **MR. WILLIAM A. KALLEMEIER**

3. (b) If veteran, name war ********* 3. (c) Social Security No. **497-18-9375**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Elizabeth Kallemeier** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased. **October 16, 1883**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 58 | 3 | 27 | hr. _____ /min. |

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

10. Usual occupation **General Bookkeeper**

11. Industry or business **First National Bank**

12. Name **Louis H. Kallemeier**

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

14. Maiden name **Mathilda Kiecke**

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

16. (a) Informant **Elizabeth Kallemeier**

(b) Address **4039 S. Spring**

17. (a) **Burial** (b) Date thereof **Febr. 14, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST PETERS**

18. (a) Signature of funeral director **Beiderwieden F. H. Inc.**

(b) Address **1936 St. Louis Avenue**

19. (a) **FEB 13 1942** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

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

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Dr. J. L. Price
610 Chemical Bldg
Tul 4 P.M.

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

Signed..... *Delis J. Krissin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis Av*

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.