

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40327**

DEC 27 1950

BIRTH MO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4189** Registrar's No. **41**

370

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

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosebud		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosebud	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) Wilhelmina b. (Middle) Louisa c. (Last) Kallmeyer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1950		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 14, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY **	11. BIRTHPLACE (State or foreign country) Near Swiss, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Ahring	13b. MOTHER'S MAIDEN NAME Sophie Buchholz	14. NAME OF HUSBAND OR WIFE August Kallmeyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. **	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leona Rauh		ADDRESS St. Louis, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 mos. 4 1/2 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis With Terminal Decompensation			
	ANTECEDENT CAUSES * Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Advanced				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-9, 1950, to 11-30, 1950, that I last saw the deceased alive on 11-30, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul J. Brannan, M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 12-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-3-1950	24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	24d. LOCATION (City, town, or county) (State) near Drake, Mo.
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DATE REC'D BY LOCAL REG. Dec. 4, 1950	REGISTRAR'S SIGNATURE Dorothy Wallace	25. FUNERAL DIRECTOR'S SIGNATURE Michael H.H. White	ADDRESS OWENSVILLE MO.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 20 1950

RECEIVED

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Margaret H. H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE, 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 this body is not embalmed, fact should be so stated above.