

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

Do not use this space.

31690

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township 4 Primary Registration District No. 3036
 City St. Charles (No. 406 Rinderaud) St. _____ Ward)

2. FULL NAME

Josephine Kern
 (a) Residence No. 406 Rinderaud St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Kern

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>62</u>	<u>10</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Paul
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Chris Debenbrock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Haas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Charles, Mo
 (STATE OR COUNTRY) Mo

14. INFORMANT Condensed Kern
 (Address) 406 Rinderaud

15. FILED 9/21/29 J. G. Bloebaum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 18 1929, to Sept 18 1929, that I last saw her alive on Sept 18 - 29, 1929, and that death occurred, on the date stated above, at 8:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver
12 1/2 yrs (duration) yrs. 3 mos. _____ ds.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH St Charles Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Xray
 (Signed) A. S. Gossard M. D.

Sept 20, 1929 (Address) St Charles, Mo

*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 Peter's Cemetery DATE OF BURIAL Sept 21 1929

20. UNDERTAKER W. H. Schlemmer Sons Co ADDRESS 800 1/2 E. 11th St

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

4 1929

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