

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

Do not use this space.

2911

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **359**  
St. .... Ward

**2. FULL NAME**

(a) Residence No. **366 Poplar Ave.** St. **9** Ward.

(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 **Male** 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 **Mrs. Phoebe E. Kerner**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 5, 1897**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**30 1 16**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **House Painter**  
(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)

10. NAME OF FATHER **Fredrick Kerner**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Elizabeth Blumberg**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY)

14. INFORMANT **Mr. Phoebe E. Kerner**  
(Address) **366 Poplar Ave.**

15. FILED **NOV 13 1930** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 8 1930**

17. **No Physician in attendance**  
HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
that I last saw him ..... alive on ..... and that death occurred, on the date stated above, at **8:45 p. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Gun Shot Wound Abdomen**  
**173**

CONTRIBUTORY (SECONDARY) **Justifiable Homicide**  
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **J. W. Kerner, M.D.**  
**1119 29th St. S.E. Corcoran**

\*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 **Friedens** DATE OF BURIAL **Jan 13 1930**

20. UNDERTAKER **Math. Hermann** ADDRESS **416 E. Fowler**

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.

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ALL INFORMATION CONTAINED HEREIN IS A PERMANENT RECORD

