

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

Do not use this space.

11156

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City)

Registration District No. 791
Primary Registration District No. 1003
Hosp # 1

File No.....
Registered No. 3336
St. Ward)

2. FULL NAME

(a) Residence, No. 1173² Hickory St. 22 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Ab. 62

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing #2

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 18 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 91

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. W. Kerner

18. BURIAL, CREMATION, OR REMOVAL PLACE Peters Road DATE 4/6/32

19. UNDERTAKER (ADDRESS) Geigley Bros

20. FILED APR 5 1932 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19... to ... 19...

I last saw h..... alive on....., 19... Death is said to have occurred on the date stated above, at 1255 A. m.

The principal cause of death and related causes of importance were as follows:

Shock + Injuries (Fractured Skull) Fall down stairs at Residence Accident
Other contributory causes of importance: 186 A D

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, homicide?..... Date of injury 3-21, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall down stairs
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J. W. Kerner M.D.
(Address) Joseph Cronner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

