

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

Do not use this space.

42501

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 50423
 City St. Louis (No. City Hosp # 2) St. Ward

File No.
 Registered No. 11642
 St. Ward

2. FULL NAME

(a) Residence, No. 312 N. 2^d St. St. 22^d 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 M. 4. COLOR OR RACE O. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 17885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Ab. 47

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2:1

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

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

13. NAME Kusman

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) J. W. Kerner

18. BURIAL, CREMATION, OR REMOVAL PLACE Batter Field DATE 12/28 19. 1932

19. UNDERTAKER (ADDRESS) Wm C. McEwell

20. FILED DEC 28 1932 Registrar J. W. Kerner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 19 32

22. I HEREBY CERTIFY, that I attended deceased from No Physician Attendance 19 1932 to 11:00 P. 19 1932

I last saw h..... alive on..... Death is said

to have occurred on the date stated above, at..... m.

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

Labor Pneumonia

Chronic Myocarditis

Other contributory causes of importance:

108
9:5 / 10:5

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, or homicide?..... Date of injury..... 19.....

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

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

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. W. Kerner M.D.

(Address) Dep Coroner

MOTHER FATHER OCCUPATION

