

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

Do not use this space.

3447

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 5444, Partridge Ave. St. Ward)

File No.
Registered No. 346
St. Ward)

2. FULL NAME

(a) Residence, No. 5444 Partridge Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IN MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Kerr (Klenke)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1890</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>0</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St. Louis, Mo.</u>		
MOTHER	13. NAME <u>Richard Kerr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	15. MAIDEN NAME <u>Anna Tieman</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>Louise Kerr</u> (ADDRESS) <u>5444 Partridge Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Jan. 13, 1933</u>		
19. UNDERTAKER <u>Math Hermann & Son</u> (ADDRESS) <u>Call at Fair Ave</u>		
20. FILED <u>JAN 10 1933</u> <u>Ray C. Standley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1933, to Jan. 9, 1933
I last saw him alive on 1-9-33, 1933. Death is said to have occurred on the date stated above, at 3:20 p. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Bladder 5/32
510
Other contributory causes of importance: 5710

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 Stomach Cancer M.D.
(Signed) Wm. D. Cook
(Address) 5752 N. F. Lawrence St. (Over)

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.

