

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.

MAR 1 5 1935

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

Do not use this space.

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 751  
 Township \_\_\_\_\_ Primary Registration District No. 1003  
 City St. Louis (No. 9116<sup>a</sup>, Miami) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3835  
 Registered No. 1195  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Catherine Kerner  
 (a) Residence, No. 9116<sup>a</sup>, Miami St. 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Kerner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 1855</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>
	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)  
France

13. NAME  
Joe Kraft

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

15. MAIDEN NAME  
Marie Bardoli

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

17. INFORMANT (ADDRESS)  
Louis Kerner  
3116<sup>a</sup> Miami St.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
St. Peter Paul DATE Feb 14 1935

19. UNDERTAKER (ADDRESS)  
Julius Schmidt  
3934 Cassel Blvd.

20. FILED 19 St. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1935

22. I HEREBY CERTIFY that I attended deceased from June 27 1933, to Jan 31 1935

I last saw her alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 5:25 pm.

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

Tuberculosis Pulmonary Date of onset: \_\_\_\_\_

Other contributory causes of importance: -

Stated Pneumonia (prior)

Name of operation X Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19\_\_\_\_

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

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

Manner of injury X

Nature of injury X

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

If so, specify X

(Signed) Kenny J. Brookes, M. D.

(Address) 3557 Lafayette Ave

A. A. [unclear]  
Grand Ledge