

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

Do not use this space.

DEC 20 1935

37224

**1. PLACE OF DEATH**

96  
12  
8

County St. Louis Registration District No. 788  
 Township Central Jefferson Primary Registration District No. 44.71  
 City Shrewsbury (No. 7015 Grove Avenue St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME Ernest John Kern

(a) Residence, No. 7015 Grove Avenue St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? - - yrs. - - mos. - - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED Married  
 HUSBAND OF Sallie Whiteside

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to Nov. 27, 1935

I last saw him alive on Nov. 26, 1935 Death is said to have occurred on the date stated above, 4:30A.m.

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

Carcinoma of the Prostate Date of onset 6-20-35

51

Other contributory causes of importance:

Interstitial nephritis  
Myocardial degeneracy

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Arthur W. Westray, M. D.  
 (Address) Webster Groves, Mo.

OCCUPATION  
MOTHER  
FATHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Railway Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Ry Mail Service

10. Date deceased last worked at this occupation (month and year) June 1932 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Coville, Wilson County  
 (STATE OR COUNTRY) Kansas

13. NAME John Alexander Kern

14. BIRTHPLACE (CITY OR TOWN) Not known  
 (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Elizabeth Sobra Belay

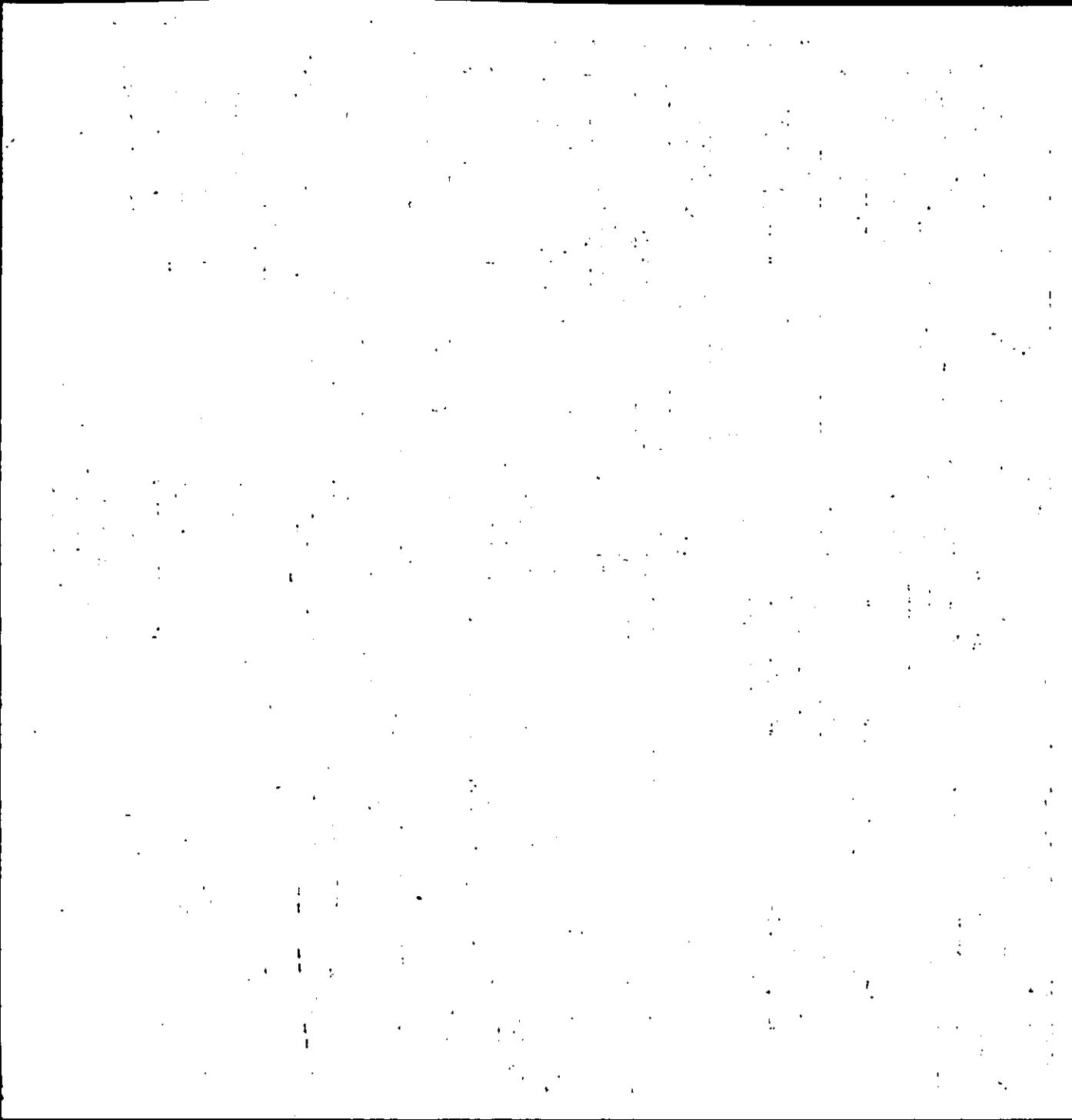
16. BIRTHPLACE (CITY OR TOWN) Johnson County  
 (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Sallie Kern (wife)  
 (ADDRESS) 7015 Grove, Webster Groves, Mo.

18. BURIAL ~~XXXXXXXXXXXX~~ Oak Hill Cemetery  
Kirkwood, Missouri DATE Nov 29, 1935

19. UNDERTAKER Allen W. W. W. W.  
 (ADDRESS) Webster Groves, Mo.

20. FILED 11-27-1935 Julius R. Rogers  
 Registrar



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.  
Do not use this form.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 980 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4471 Registered No. 114  
City Schrewsbury No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ernest John Kern  
(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 4 1

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 1-24-1936 Julius R. York Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

**SUPPLEMENTARY**

S-37221

REPRODUCED FROM  
ORIGINAL SOURCE