

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

Do not use this space.

**FEB 11 1936**

**3754**

**791**

**1003**

File No. **1005**  
Registered No. **1005**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **ST. LOUIS** (No. **DESLOGE HOSPITAL**)

**2. FULL NAME. MARY KERSTING**

(a) Residence, No. **3319 N 11 TH** St., **56** 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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>SINGLE</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>HERMAN KERSTING</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>FEB 28 TH 1863</b>		
7. AGE YEARS <b>72</b>	MONTHS <b>10</b>	DAYS <b>30</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>HOUSE WORK</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>at home</b>		
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) **GERMANY**

13. NAME **MARTIN HILBERLING**

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

15. MAIDEN NAME **MARY SCHUEPE**

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

17. INFORMANT **HERMAN KERSTING**  
(ADDRESS) **3319 North 11th St.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary** DATE **Jan 30th** 19**36**

19. UNDERTAKER **Edward Koch**  
(ADDRESS) **3516 1/2 N 14th St**

20. FILED **28 1936** 19 **J. F. Bredeck** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/27/** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **1/20** 19**36** to **1/27** 19**36**  
I last saw her alive on **1/27/** 19**36** Death is said to have occurred on the date stated above, at **6.10 A.M.**

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

**Empyema - Gall Bladder**  
**acute Hepatitis** Date of onset

Other contributory causes of importance:  
**Early septicemia**  
**Chronic myocarditis**

Name of operation **Exploratory** Date of **1/25/36**  
What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**

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 **E. J. Jordan** M.D.  
(Signed) **J. F. Bredeck** Registrar  
(Address) **For Surg. Dept.**

