MAR 12 19..

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

ISOLATION HOSPITAL

Do not use this space.

8547

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2251

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis Mo (No. ..... , ... St. ..... Ward)

2. FULL NAME Betty Kern

(a) Residence, No. St Genevieve Mo, St., NR Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
3	0	0	

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. child
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) St Genevieve Mo

FATHER

13. NAME Herbert Kern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo

MOTHER

15. MAIDEN NAME Helen Daniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Stella Grady 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve Mo DATE 2/29/36 19

19. UNDERTAKER (ADDRESS) Albert H. Hoppe 429 N. English St Louis Mo

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1936, to Feb 27, 1936

I last saw her alive on Feb 27, 1936. Death is said to have occurred on the date stated above, at 7.55 m.

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

Influenza meningitis with terminal pulmonary thrombi

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) C. E. Smith, M. D.

(Address) ISOLATION HOSPITAL St Louis Mo

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.