

JUN 6 1936

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

Do not use this space.

791

21321

1. PLACE OF DEATH

County .....

Registration District No. 1003

Township .....

Primary Registration District No. Barnes Hospital

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

File No. 5532

Registered No. .... St. .... Ward)

2. FULL NAME

(a) Residence, No. 1318 La Salle St. 22 Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/2/1891

7. AGE YEARS 63 MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman  
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) Illinois

13. NAME Jasush Kerr

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

15. MAIDEN NAME Emma England

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

17. INFORMANT (ADDRESS) Barnes Hospital 600 So. High Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Madras Mo DATE May 28 1936

19. UNDERTAKER (ADDRESS) Colbert N. Hoyle 629 North Central

20. FILED MAY 26 1936 J. P. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1936 to 5-25 1936 I last saw him alive on 5-25 1936 Death is said

to have occurred on the date stated above, at 9 a.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas Date of onset  
Other contributory causes of importance:

Name of operation Splenectomy, Jejunostomy 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 L. Richardson, M. D. (Signed) (Address)

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.

