

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

Do not use this space.

JUN 6 1936

21431

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **5237**, **Alaska Ave**)

File No.
Registered No. **5672**
St. Ward)

2. FULL NAME

(a) Residence, No. **5237**, **Alaska Ave**, **15** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Kern		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1869		
7. AGE	YEARS 67	MONTHS 2
	DAYS 30	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home	
	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) Germany		
MOTHER	13. NAME Fred. Bauer	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) George Schoe 5237 Alaska Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE old St. marcus DATE May 30, 1936		
19. UNDERTAKER (ADDRESS) Wacker-Schellerle 2337 Broadway		
20. MAY 29 1936 J. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 15, 1936**, to **May 27, 1936**
I last saw h. e. alive on **May 26, 1936** Death is said to have occurred on the date stated above, at **11:15 a.m.**
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Acute bacterial infection

Name of operation **none** 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? **no**
If so, specify
(Signed) **H. Schmierer**, M. D.
(Address) **6811 1/2 Garrow Ave**

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.

