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.

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

JUL 1 1936

791

Do not use this space.

24508

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6127

City St. Louis (No. Howard Hospital St. ..... Ward)

2. FULL NAME Louisa Kern

(a) Residence, No. ..... St., NK Ward. Bridgeton, Mo.
(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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30-1887

7. AGE: YEARS 49 MONTHS 4 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 1/2/35

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clayton, Mo.

FATHER

13. NAME: Herman Grotpeter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clayton, Mo.

MOTHER

15. MAIDEN NAME: Otilla Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clayton, Mo.

17. INFORMANT (ADDRESS): Edw. G. Kern, Robertson, Mo R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE: Ev. St. Paul's Cem. DATE: 6-17-1936

19. UNDERTAKER (ADDRESS): Bauman Bros Inc 2504-Woodson Overland, Mo

20. FILED JUN 15 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936, to June 13, 1936

I last saw her alive on June 13, 1936. Death is said to have occurred on the date stated above, at 10:15 P.m.

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

	Date of onset
Chronic Myocarditis	1926
Chronic Interstitial Nephritis	1920

Other contributory causes of importance:
Hypertension
Arterio Sclerosis

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

What test confirmed diagnosis? Laboratory Was there an autopsy? no

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) John Lincoln Hirst M.D.

(Address) 1506 Hodiamont