JAN 10 1937

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

Do not use this space.

46993

File No. 12816

Registered No.

1. PLACE OF DEATH

County: St Louis Mo

Township:

City: (No. 5864 Delmar Blvd St. Ward)

Registration District No. 791 1003

Primary Registration District No.

2. FULL NAME Carolyn Kern (nee Schnitker)

(a) Residence, No. 5864 Delmar Blvd. (Usual place of abode) 5 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: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-11-1880

7. AGE: Years 56 | Months 0 | Days 16 | If LESS than 1 day, ....hrs. or ....min.

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.: Hse work

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

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — —

17. INFORMANT (ADDRESS): Frank C. Kern 5864 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem DATE: 12/30 1936

19. UNDERTAKER (ADDRESS): Sullivan Undertaking 8844 Euclid

20. FILED: DEC 29 1936 19.... J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1936, to Dec 27, 1936

I last saw her alive on Dec 27, 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:

Cerebral Hemorrhage i
sept hemiplegia

Date of onset 12/25/36

Other contributory causes of importance:

Hypertension
Arterio sclerosis
Auricular fibrillation

Name of operation — Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) C. Kleinschmidt, M. D.

(Address) 520 Metropolitan Bldg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
100M.-11-24-33

Dr Clinton
Kleinschmidt
Metropolitan - Bldg