

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.

MAR 5-1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH
~~SUPPLEMENTARY~~
791
1008

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No.
Primary Registration District No.

File No. 8028
Registered No. 14533
St. Ward)

2. FULL NAME

George Kern,

(a) Residence, No. City Infirmary, St. 13 Ward.

(Usual place of abode) 5800 Arsenal St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 3, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1872 64 1 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Jacob Kern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO

15. MAIDEN NAME Mary ZIMMERMANN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

17. INFORMANT E. Molony (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens DATE Feb. 21, 1937

19. UNDERTAKER Chuedmeyer & Sons (ADDRESS) 3934 W. 20 St.

20. FILED 2-1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1937 to February 1, 1937

I last saw him alive on February 1, 1937. Death is said

to have occurred on the date stated above, at 5:10 m. A.M.

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

CNS LUES Date of onset

Luetic Heart Disease

Other contributory causes of importance: JH

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) J. P. Bredeck, M. D.
(Address) 5600 Arsenal

