

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. **791**
Primary Registration District No. **1003**
(No. Missouri Baptist Hospital)

File No. **22383**
Registered No. **6135**
St. Ward)

2. FULL NAME John W. Kerr

(a) Residence, No. 610 N. Kingshighway St. 12 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 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 Elinor Kerr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1860

7. AGE YEARS 77 MONTHS 1 DAYS 10
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years spent in this occupation).....

12. BIRTHPLACE (CITY OR TOWN) Pittsburg (STATE OR COUNTRY) Pa.

13. NAME John Wesley Kerr

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

15. MAIDEN NAME Mary Kelso

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

17. INFORMANT Elinor Kerr (ADDRESS) 610 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mattoon, Ill DATE 6/27/37 19.

19. UNDERTAKER Frank E. Augburger (ADDRESS) 4234 Manchester

20. FILED J. Bredeck Registrar. 19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23/37 19

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1937, to 6-23 1937. I last saw him alive on 6-23 1937. Death is said to have occurred on the date stated above, at 3.00 P. M.
The principal cause of death and related causes of importance were as follows:

ch. myocarditis

Other contributory causes of importance:
Operated 6-18-37 for left indirect ing. hernia & hydrocele of left cord.
Name of operation inguinal hernia Date of 6-18-37
What test confirmed diagnosis? clinical 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) W. M. Wain, M. D.
(Address) 412 N. Taylor Ave

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.

OCCUPATION
FATHER
MOTHER

JUN 24 1937

Mr Wm H. H. H. H.
462 N. Taylor St.
Los Angeles, Cal.