

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

Do not use this space.

**JUL 8 - 1937**

**791**

**22573**

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**

(No. *Mississippi River foot of Franklin Ave* Ward)

File No.....

**6325**

Registered No.....

**2. FULL NAME Andrew J. Kern**

(a) Residence, No. **2026 Mallinckrodt** St., **26** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16, 1921**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**15 11 9**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Graduate of Grammar School**

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) **St. Louis**

13. NAME **Andy Kern**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

15. MAIDEN NAME **Anna Berendy**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

17. INFORMANT (ADDRESS) **Andy Kern 2026 Mallinckrodt**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 29** 19**37**

19. UNDERTAKER (ADDRESS) **Edward K. Cox 3516 W. 14th St.**

20. FILE **JUN 29 1937** **Joe Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

*No Physician in Attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/25** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, I last saw him alive on , 19, Death is said to have occurred on the date stated above, at **2:50 P.M.**

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

*Asphyxiation due to drowning in the Mississippi River at the foot of Salisbury St. on June 25, 1937 at about 2:50 P.M.*

Other contributory causes of importance:

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? **Accident** Date of injury **6/25** 19**37**

Where did injury occur? **St. Louis** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public place**

Nature of injury **Asphyxiation**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) **Alfred G. Perry** Registrar.

(Address) **Popple Court**

N. B.—Every item of information should be carefully classified. 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.

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