

JUL 31 1937

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

Do not use this space.

24716

1. PLACE OF DEATH

County St. Charles Registration District No. 755  
Township Ferrisburg Primary Registration District No. 4453  
City Augusta (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Eugenie Kerner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) Boles Mo. (STATE OR COUNTRY) Franklin

13. NAME Fritz Kerner

14. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY)

15. MAIDEN NAME Christina Merrenschoke

16. BIRTHPLACE (CITY OR TOWN) Saint Clair (STATE OR COUNTRY)

17. INFORMANT Mrs. William Kerner (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE June 23 1937

19. UNDERTAKER Thelking + Messchany (ADDRESS) Augusta, Mo.

20. FILED June 22 1937 88 Wallenstrodth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1935 to June 20, 1937

I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Chronic Arthritis (degenerative type -) Arthritis Reformatans  
Date of onset Nov 26/35

Other contributory causes of importance: Chr. Myocarditis  
May 10 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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) Alfred Clay, M. D.

(Address) Augusta Mo

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.

