

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.

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

32454

Do not use this space.

8508

Registered No. 8508

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(e) Length of residence in city or town where death occurred

Registration District No. 1003
Primary Registration District No. City Hospital No. 1

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 8221

John Kerns

2. PRINT FULL NAME

3747 a Evans

(a) Residence, No. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1862

7. AGE YEARS 74 MONTHS 8 DAYS 15
If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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, Missouri

13. NAME James Kearns.

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

15. MAIDEN NAME Margaret Hart.

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent
City Hospital.

18. BURIAL, CREMATION, OR REMOVAL Sept. II, 37
PLACE Calvary Cemetery

19. FUNERAL DIRECTOR (ADDRESS) J. J. Quinn.
1522 N Grand Blvd.

20. FILE SEP 10 1937
J. J. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/9/37, 19

22. 9/7/37 I HEREBY CERTIFY That I attended deceased from 9/9/37
him 9/9/37 19. Death is said to have occurred on the date stated above, at 9.45 p

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

Arteriosclerotic heart disease & decompensatory possible carcinoma of urinary bladder
Date of onset 1934

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Thos W. Soam, M. D.
(Signed) City Hosp. # 1
(Address)

STATEMENT BY LICENSED EMBALMER

I, B. W. Finner, Licensed Embalmer No. 1591
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed B. W. Finner
Licensed Embalmer No. 1591

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)