

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

32513

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **City. Hos.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Addie Kershner,**

(a) Residence, No. **2027 Bremen Ave.** St. **26**
 (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 **Female** 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 **Owen Kershner.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 1. 1902**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 10 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as 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) **Quincy, Ill.**

13. NAME **Otis McLain,**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Herriet Everett,**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Owen Kershner,**
 (ADDRESS) **2027 Bremen Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Friedens** DATE **9/13/1937**

19. FUNERAL DIRECTOR **W. A. Stock Und. Co.**
 (ADDRESS) **2117 E. Grand Blvd.**

20. FILED **SEP 12 1937** **J. Bredeck**
 Local Registrar.

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 10, 1937**

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 **6:30 P.M.**

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

Sodium Fluoride Poisoning, self administered, at her home, on Sept. 10, 1937, about 3:30 P.M. while suffering temporary mental aberration. SUICIDE.

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? **Suicide** Date of injury , 19
 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 **SEE ABOVE**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **Joseph M. Zuercher, M.D.**
 (Address) **2027 Bremen Ave.**

STATEMENT BY LICENSED EMBALMER

I, Sheldon Callin, Licensed Embalmer No. 3383

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Sheldon Callin

..... L. E.

No. or by
working under my personal supervision.

Signed Sheldon Callin Registered Apprentice No.
Licensed Embalmer No. 3383

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.)