

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

42464
Do not use this space.

DEC 28 1937

1. PLACE OF DEATH *St. Louis*

(a) County *St. Louis* Registration District No. *990*

(b) Township *Deanna* Primary Registration District No. *60333*

(c) City *St. Louis* (d) Street No. *Hospital* Registered No. *441*

(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 *Joseph Kern*

(a) Residence, No. *7149 Barrswald* St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *Wh*

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) *October 12, 1859*

7. AGE YEARS *78* MONTHS *1* DAYS *15*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Musician*

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) *St. Louis Mo.*

13. NAME *Jacob Kern*

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

15. MAIDEN NAME *Marie Provo*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *French Village Illinois*

17. INFORMANT (ADDRESS) *Victor Kern 206 N. Beniston*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Nov. 30, 1937*

19. FUNERAL DIRECTOR (ADDRESS) *Chas. F. Stuart 1325 Union Blvd*

20. FILED *Nov 29 1937* *Dra. J. Agnew* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 27, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *11-8-*, 1937, to *Nov. 27*, 1937.

I last saw him alive on *Nov 27th*, 1937. Death is said to have occurred on the date stated above, at *9:05 A.* m.

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

(1) Terminal Pneumonia
(2) Met

Date of onset *11-25-37*

Other contributory causes of importance:

(1) Parotiditis of Parotid Glands
(2) Debility

Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *(J. Mussbaum)*, M. D.

(Address) *St. Louis County Hosp.*

(Licensed Embalmer's Statement on Reverse Side)

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.

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90-20-37

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STATEMENT BY LICENSED EMBALMER

I, Bernard Stuart, Licensed Embalmer No. 3500

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 Bernard Stuart

Licensed Embalmer No. 3500

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.)