

DEC 28 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Precinct Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

15 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)

Married

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

(OR) WIFE OF

Agnes Keruing

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

7-26-1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

43

3

10

OCCUPATION

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

Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Match Co.

10. Date deceased last worked at this occupation (month and year)

Dec. 1936

11. Total time (years) spent in this occupation

15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

State of New Jersey

MOTHER FATHER

13. NAME

Selphus Keruing

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

Germany

15. MAIDEN NAME

Elizabeth Keruing

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

Germany

17. INFORMANT (ADDRESS)

Wife - 2026 John Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Calvary Cemetery

NOV. 8<sup>th</sup> 1937

19. UNDERTAKER (ADDRESS)

Charles H. Stewart & Sons  
1225 Union Blvd

20. FILED

Nov. 6 1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

11-6

1937

22. I HEREBY CERTIFY, That I attended deceased from

2-3

1937, to

11-6

1937

I last saw him alive on

11-5

1937. Death is said

to have occurred on the date stated above, at 12:30 A. M.

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

Chronic Pulmonary Tbc,  
bilateral cavitation

Date of onset

Oct. 1936

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Sputum

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)

(Address)

Paul Murphy, M. D.  
Rock Mo

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.

