

FEB 12 1938

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

390
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. Lukes Hosp.** 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 **60** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **73** yrs. mos. ds.

2. PRINT FULL NAME

CHARLOTTE KERWIN **650**
 (a) Residence, No. **975 ELIAS AVE** St. **8**
 (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 **DANIEL KERWIN**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 11 - 1864**
 7. AGE YEARS **73** MONTHS **5** DAYS **26** If LESS than 1 day, hrs. or min.

OCCUPATION 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. **HOUSE WORK**
 10. Date deceased last worked at this occupation (month and year) **OCT. 1937** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **FORESTELL Mo.**

FATHER 13. NAME **JOHN BARNES**

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

MOTHER 15. MAIDEN NAME **ANNIE COSBY**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UN. KNOWN**

17. INFORMANT (ADDRESS) **Mrs. MABEL PIERCE**
4326 W. Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **VAL HALLA SEM.** DATE **JAN. 10** 1938

19. FUNERAL DIRECTOR (ADDRESS) **HENRICH FUNERAL HOME**
8319 Holla Ferry Rd.

J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/6** 19**38**
 22. I HEREBY CERTIFY, That I attended deceased from **1/4**, 19**38**, to **1/6**, 19**38**
 I last saw h. e. alive on **1/6**, 19**38** Death is said to have occurred on the date stated above, at **10:15 a.**

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

Coronary Thrombosis
59

Date of onset **1/5/38**
11/24/37

Other contributory causes of importance: **Diabetes mellitus**

Name of operation Date of
 What test confirmed diagnosis? **autopsy** 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? If so, specify (Signed) **Ernest N. Pelen** M. D.
 (Address) **5535 Delmar Blvd.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

STATEMENT BY LICENSED EMBALMER

I, Arthur R. Diehrich Licensed Embalmer No. 3556

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur R. Diehrich

8319 Falls Ferry Rd. L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Arthur R. Diehrich

Licensed Embalmer No. 3556

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