

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH8942
Do not use this space.
2531

1. PLACE OF DEATH

(a) County..... 1 Registration District No. 1003
 (b) Township..... Primary Registration District No. 5
 (c) City St. Louis (d) Street No. 2350 S. 18th St.
 (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

Lina Kerner 656
 (a) Residence, No. 2350 S. 18th St. 23
 (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) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Kerner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 6 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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.
 FATHER 13. NAME William Stumpf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Ottillia Pfanner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) William Kerner 2350 S. 18th St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 3-17 1938
 19. FUNERAL DIRECTOR (ADDRESS) With Bro. L. H. 2929 S. Jefferson Ave
 20. FILED MAR 16 1938 J. F. Bucher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14 1938
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1938 to Mar. 14 1938
 I last saw him alive on Mar. 14 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Stroke - Cerebral
 Date of onset
 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?..... 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) A. M. Kisser, M. D.
 (Address) 3014 S. Jefferson

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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.)