

REC'D APR 11 1938

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

9476
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **10MB**
(c) City **St. Louis** (d) Street No. **Christian Hospital** Registered No. **3065**
(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

LOUISE KERWIN, 650
(a) Residence, No. **4191 Farlin Avenue** St. **LD**
(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 **Frank Kerwin**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 26, 1875**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 4

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 **Not Known**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Not Known**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Ernst L. Schroeder**
(ADDRESS) **4191 Farlin Avenue**

18. BURIAL, CREMATION OR REMOVAL PLACE **St. Peters Cem. Apr. 2, 1938**

19. FUNERAL DIRECTOR **Math. Hermann & Son**
(ADDRESS) **2161 East Fair Avenue**

20. FILED **MAR 31 1938** **J. P. Brebeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 30, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **2-14, 1938** to **3-30, 1938**
I last saw her alive on **3-30, 1938**. Death is said to have occurred on the date stated above, at **7:05 P. M.**
The principal cause of death and related causes of importance were as follows:

*Gas embolism liver
Carcinoma
Primary seat in liver*
Date of onset
*Other contributory causes of importance:
Carcinoma pyloric end
of stomach*

Name of operation **gall bladder drainage 3-29-38**
What test confirmed diagnosis? **exam** 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) **H. Klein** M. D.
(Address) **5074 N. Union Blvd.**

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.

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William H.

Buchholz, L. E.

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

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.)