

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12629  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St. Louis, Mo. (d) Street No. Jewish Hospital St. 600  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3233

2. PRINT FULL NAME David S. Kerr.  
 (a) Residence, No. 4406 Forest Park Blvd. St. 19  
 (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 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 Narcissa Kerr.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1858  
 7. AGE YEARS MONTHS DAs IF LESS than 1 day, hrs. or min. 79. 7. 18.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.  
 9. Industry or business in which work was done, as saw mill, bank, etc. FARMER  
 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) Livermore, PA.  
 FATHER  
 13. NAME Johnathan Kerr.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.  
 MOTHER  
 15. MAIDEN NAME Jane Scott.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.  
 17. INFORMANT Wida Kerr.  
 (ADDRESS) # 4406 Forest Park  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. DATE April 6 - 1938  
 19. FUNERAL DIRECTOR C. R. Hupton & Sons.  
 (ADDRESS) 4449 Olive Street  
 20. FILED APR 5 1938 J. B. Bredt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 5 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938 to Apr 5, 1938  
 I last saw him alive on Apr 5, 1938 Death is said to have occurred on the date stated above, at 8:25 AM.  
 The principal cause of death and related causes of importance were as follows:  
arterio-sclerotic gangrene, leg  
arterio-sclerotic heart disease  
Chronic nephritis  
 Date of onset 3-30-38  
 Other contributory causes of importance:  
 Name of operation ..... 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? Yes  
 If so, specify Arterio-sclerotic  
 (Signed) W. H. Kelly, M. D.  
 (Address) 4500 Olive

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, J. T. Lupton, Licensed Embalmer No. # 2122

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

L. E. T. A. Miles

No. # 2901 or by..... Registered Apprentice No.....  
working under my personal supervision.

Signed J. T. Lupton  
Licensed Embalmer No. # 2122

**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.)**