

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

19969

Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **722 Chestnut** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5108**

2. PRINT FULL NAME NELSON KERR

(a) Residence, No. Washington Hotel St. **12**
 (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 **Margaret Kerr**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1/23/68**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **business assoc.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Real estate**
 10. Date deceased last worked at this occupation (month and year) **June 3, 1938**
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Andrew Kerr**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Platte County, Mo.**

MOTHER 15. MAIDEN NAME **Nancy Moore**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Joseph, Mo.**

17. INFORMANT (ADDRESS) **Margaret Kerr Washington Hotel**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dekalb, Mo** DATE **June 5, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Alexander Louis 6175 Delmar Blvd.**

20. FILED **JUN 3 1938** **J. P. Bricker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3, 1938**

22. I HEREBY CERTIFY, that I attended deceased from **June 22, 1938** to **June 3, 1938**
 I last saw him alive on **May 31, 1938**. Death is said to have occurred on the date stated above, at **9:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Coronary artery occlusion Date of onset **Sudden**

Other contributory causes of importance:
Chronic myocarditis months
and previous coronary occlusion - minor Jan 22, 1938

Name of operation **None** Date of **Jan 22, 1938**
 What test confirmed diagnosis? **clinical** 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) **Walker Baumgartner**, M. D.
 (Address) **3720 Washington Ave.**

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.

