

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

REC'D JUN 12 1939

17030
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City, St. Louis Mo. (d) Street No. 7115 Tremont Ave. 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. **4564**

2. PRINT FULL NAME Lottie Madeleine Kern

(a) Residence, No. 7115 Tremont Ave. St. **3** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles V. Kern		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1868		
7. AGE	YEARS 71	MONTHS 3
	DAYS 9	IF LESS than 1 day, hrs. or min.
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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.	
	13. NAME Frederick Doering	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	15. MAIDEN NAME Lorinda Bennett	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
	17. INFORMANT Charles V. Kern (ADDRESS) 7115 Tremont	
	18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 20, 1939	
	19. FUNERAL DIRECTOR Croghan (ADDRESS) 7146 Manchester	
	20. FILED MAY 18 1939 <i>J. F. Beck</i> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 16th, 1938 to May 17, 1939**

I last saw her alive on **May 14th, 1939**. Death is said to have occurred on the date stated above, at **8:30 A.M.**

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

**Metastatic carcinoma
Primary Rectal carcinoma**

Date of onset

Other contributory causes of importance:
Secondary Gastric Carcinoma

Name of operation _____ Date of _____
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) **E. B. Waters**, M. D.
(Address) **Kirkwood, Mo.**

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.

FORM 7-20-37
1 X 12004

Dr. E. B. Waters 2-5
Kirkwood Brick Bldg.
Adams + Deering

STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

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.)