

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1104

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK. J. KERSTING

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ottilia Kersting

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec. 31. 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed Clerk

11. Industry or business _____

12. Name Frank Kersting,

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kilfi

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ottilia Kersting

(b) Address 2122 Leslie Ave

17. (a) Burial (b) Date thereof 6/23/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock Und. Co

(b) Address 2113 E. Grand Blvd.

19. (a) JUN 22 1939 (b) DR. H. F. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 2122 Leslie Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1939 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 20
1939, to June 21, 1939
that I last saw him alive on June 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
mitral regurgitation

Due to not known

Due to _____
92a

Other conditions not known
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) _____
(e) Means of injury _____

23. Signature H. F. Miller (M. D. or other) _____
Address 8410 N. Broadway Date signed 6/23/39

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.

4.1.

N. Fancourt Miller
8410 N. Broadway
Milb. 5980
9-11

0.0 10114
9.0 9.0 10114
9.0 1.0 10114
ANN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 3041
P. O. Address 2117 F. ...

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.)

If this body is not embalmed, above space should be left blank.