DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23613

Registration District No. 7801

Primary Registration District No.

Registrar's No. 5886

1. PLACE OF DEATH:
(a) County 1105 - Central ave
(b) City or town St. Louis Mo
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 Central
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louise M Kern 650
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14 (Day) 1873 (Year)

8. AGE: Years 66 Months 2 Days 17 If less than one day hr. min.

9. Birthplace California (City, town, or county) (State or foreign country)
10. Usual occupation Dress Maker
11. Industry or business for Self

FATHER
12. Name Charles Kern
13. Birthplace St. Genevieve Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary A. Arold
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lamar Kern
(b) Address 1105 Central ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Genevieve Mo
18. (a) Signature of funeral director Edw. F. Howard & Son
(b) Address 4212 St. Louis ave
19. (a) JUL 3 1939 (Date received local registrar) (b) J. F. Geduch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1939 hour minute 6.15 A. M.

21. I hereby certify that I attended the deceased from 6-21, 1939 to 7-1, 1939 that I last saw her alive on 6-29, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac dropsy	7 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. W. Carson (M. D. or other)
Address 5100 Delmar Date signed 7-2-39

(Licensed Embalmer's Statement on Reverse Side)

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 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 Edw. F. Howard

Licensed Embalmer No. 1443

P. O. Address 4212 St. Louis ave.

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.