

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26922

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1191

1. PLACE OF DEATH: 2  
(a) County ST. LOUIS  
(b) City or town RURAL, ST. FERDINAND  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ROBERTSON, MO.  
(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 ST. LOUIS 1  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. ROBERTSON, MO.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CHRISTINA KERN 650  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JULY day 2  
year 1939 hour 11 minute 15 P.M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife GEORGE P KERN  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased APRIL 14 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1<sup>st</sup>, 1939, to July 2<sup>nd</sup>, 1939;  
that I last saw him alive on July 2<sup>nd</sup>, 1939;  
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 1 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arteria Sclerosis Duration 7-1-39

9. Birthplace ST. LOUIS CO. MO  
(City, town, or county) (State or foreign country)

Due to old age  
Due to \_\_\_\_\_

10. Usual occupation HOUSEWIFE

Other conditions (include pregnancy within 3 months of death) 97

11. Industry or business FARMING

Major findings: Of operations None

MOTHER FATHER  
12. Name HENRY APPEL  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name CHRISTINA DEUSER  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

Of autopsy None  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Edward Kern  
(b) Address List Rd Robertson Mo

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? \_\_\_\_\_

17. (a) BURIAL (b) Date thereof 7-5-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Even. ST. PAUL'S, CAM.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director BAUMANN BROS. INC.  
(b) Address 2544 WOODSON RD OVERLAND MO  
19. (a) JUL - 5 1939 (b) AR  
(Date received local registrar) (Registrar's signature)

23. Signature H. S. Gofman (M. D. or other) \_\_\_\_\_  
Address Pattonville Mo Date signed 7-4-39

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.

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address 2504 Woodson Rd 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.