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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12372

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 564

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Lemay St. Louis Sanatorium~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt. St. Rose Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 hrs. - 40 min. (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town Flat River, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

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

3. (a) PRINT FULL NAME KERR, BENJAMIN J.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ESTHER KERR 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan. (Month) 31 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
44	1	20	____ hr. ____ min.

9. Birthplace Salem, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Tavern Keeper

11. Industry or business ____

FATHER
12. Name Andrew Kerr
13. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah Brown
15. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Fred Kerr
(b) Address 2818 Russell

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Mo

18. (a) Signature of funeral director Albert L. Hoppe
(b) Address 4700 Washington Av

19. (a) MAR 20 1940 (Date received local registrar) (b) A. R. Meyer M.D. Dr. PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20, year 1940 hour 12 minute 28 A.M.

21. I hereby certify that I attended the deceased from Mar 19, 1940, to Mar. 20, 1940 that I last saw him alive on Mar 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fas adv bilat Pulmonary tuberculosis	
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 B. E. Bauman (M. D. or other) 1

Address 9101 So. Broadway Date signed 3-20-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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 Wilford Burnley, Registered Apprentice No. 1, working under my personal supervision.

Signed Albert E. Hoppa

Licensed Embalmer No. 2971

P. O. Address

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.