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17-39
X23159

REG SEP 25 1940

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Anthony Hospital |
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph Kersting 623

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
(Month) (Day) (Year)

7. Birth date of deceased August 23 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>3</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Henry J. Kersting Jr.

13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Inganohs

15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Kersting Jr.

(b) Address 4050 Utah St.

17. (a) Burial (b) Date thereof Aug. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS, Peter & Paul

18. (a) Signature of funeral director J. N. Etkin & Co.

(b) Address 2842 Meramec St.

19. (a) AUG 27 1940 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4050 Utah St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Aug 23
1940 to Aug 26 1940
that I last saw her alive on Aug 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Sub-tentorium
Hemorrhage
Due to Injury at birth
although birth was
spontaneous
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

Major findings: Free spinal fluid
Of operations contained blood
Sub-tentorium Hemorrhage
Of autopsy atelectasis

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? _____

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

23. Signature J. Prideman (M. D. or other) _____
Address 3146 Morganford Rd Date signed Aug 27

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Robert F. Gibson*

Licensed Embalmer No. 4144

2842 Meramec St.
P. O. Address..... St. Louis, Mo.

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, fact should be so stated above.