

No. 2
12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36925

State File No. 9198

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH: **DECEASED DEC 1 1940**
(a) County ST. LOUIS MO
(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: PARKLAND HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6
(Specify whether 1)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town FENTON MO NR.
(If outside city or town limits, write "RURAL")
(d) Street No. FENTON MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? LIFE years.

3. (a) PRINT FULL NAME MICHAEL KERN

3. (b) If veteran, name war _____ 3. (c) Social Security 498-03-39224 year 1940 hour 3.53 minute A M.

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

6. (b) Name of husband or wife MARY KERN 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased DEC 20 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation PRIVATE WATCHMAN

11. Industry or business 0

MOTHER FATHER { 12. Name JOHN KERN 6

13. Birthplace GERMANY 6
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET FRANK 6

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

16. (a) Informant MARY KERN
(b) Address FENTON MO

17. (a) BURIAL (b) Date thereof NOV 9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCEUS

18. (a) Signature of funeral director Chorakutis
(b) Address 2906 Grand Ave

19. (a) NOV 8 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7 year 1940 hour 3.53 minute A M.

21. I hereby certify that I attended the deceased from 11-2-40, 19____, to 11-7-40, 19____;

that I last saw him alive on 11-7-40, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Esophagus

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) H/O

Major findings: Of operations _____

Of autopsy: _____

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 [Signature] Address 4930 Lindell, St. Louis Date signed 11-8-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Leo Budde Registered Apprentice No.
working under my personal supervision.

Signed..... *Leo Budde*
Licensed Embalmer No. *3989*
P. O. Address *St. Louis*

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.