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7-39
K23155

JAN 15 1940 7917

State File No. _____
Registrar's No. 10113

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH: Missouri 2
 (a) County _____
 (b) City or town St. Louis
 (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 _____
 In this community 35 14 University Street (Specify whether years, months or days)

3. (a) PRINT FULLNAME Anthony Kersten
 3. (b) If veteran, name war World 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 Elsie
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased June 10 1894 (Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 29 If less than one day _____hr. _____min.

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

10. Usual occupation Pipe Fitter

11. Industry or business 9

12. Name Jacob Kersten
 13. Birthplace Poland (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Elsie Kersten
 (b) Address 35 14 University Street

17. (a) burial (b) Date thereof 12/11/40 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John A. Gonteman
 (b) Address 5 077 Durant Ave.

19. (a) DEC 9 1940 (b) J. F. Bredbeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 10 (If outside city or town limits, write "RURAL")
 (d) Street No. 35 14 University Street (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 40 year _____ hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 22 40 to Dec 7 40 that I last saw him alive on Dec 7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Occlusion Coronary arteries Duration 1 day

Due to _____
 Due to _____

Other conditions: Coronary Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy: To _____

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. F. Bredbeck (M. D. or other)
 Address 787 1/2 Madison Date signed 12/9/40

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.....

Guy W. Wilkison

Licensed Embalmer No.....

3575

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, fact should be so stated above.