

APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9250

Registration District No. 791

Primary Registration District No.

Registrar's No. 2660

1. PLACE OF DEATH: St. Louis, Mo.  
 (a) County  
 (b) City or town  
 (c) Name of hospital or institution: City Sanitarium 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 1 year 1 mos. 6 days  
 In this community: 36 yrs. 7 mos. 6 days.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: 13 22  
 (c) City or town: St. Louis 000  
 (If outside city or town limits, write "RURAL")  
 Street No. 710 So. 12th St. 17  
 (If rural, give location) 9  
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: NAGIBA KERRY  
 (b) If veteran, name war: No  
 (c) Social Security No.: No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: March day: 24  
 year: 1941 hour: 12:20 a.m. minute: M.

4. Sex: Female / 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: single  
 6. (b) Name of husband or wife: single  
 6. (c) Age of husband or wife if alive: years

21. I hereby certify that I attended the deceased from 4-17-39, 19, to 3-24-41, 19, that I last saw her alive on 3-24-41, and that death occurred on the date and hour stated above.

7. Birth date of deceased: Aug. 18, 1904  
 (Month) (Day) (Year)

Immediate cause of death: Erysepeias of Eyes (onset 3-22-41)  
 Duration

8. AGE:	Years	Months	Days	If less than one day
	36	7	6	hr. min.

Due to: Mental Defective (onset 39x)  
 Due to:

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

Other conditions: (Include pregnancy within 3 months of death)  
 Major findings: Of operations: No. 11:2

10. Usual occupation: Nil  
 11. Industry or business: Nil

PHYSICIAN: Underline the cause to which death should be charged statistically.  
 Of autopsy: No. 11:2

MOTHER FATHER  
 12. Name: George S. Kerry  
 13. Birthplace: Unknown, Syria  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Nabaka Ellis  
 15. Birthplace: Unknown, Syria  
 (City, town, or county) (State or foreign country)

16. (a) Informant: *John Smith*  
 (b) Address: 5400 *Assena St.*

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: Mar 26/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Calvary

While at work? (Specify type of place) (c) Means of injury: C

18. (a) Signature of funeral director: *Thaddeus L. Son*  
 (b) Address: 2906 *Graves St.*  
 19. (a) MAR 25 1941 (b) *J. H. Bueck*  
 (Date received local registrar) (Registrar's signature)

23. Signature: *Hubert Smith* (M. D. or other)  
 Address: 5400 *Assena* Date signed: 3/24/41

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.....

*Geo Budde*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Geo Budde*

Licensed Embalmer No. *3989*

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.**