

No. 2
-1-4-41
5-17-39

JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16630

State File No. _____
Registrar's No. **4148**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town. **St. Louis.**
(c) Name of hospital or institution:
St. Louis City Hospital # 1.0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
50 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. **Mo.** (b) County.....
(c) City or town. **St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **221 So. Broadway.**
(If rural, give location)
(e) Citizen of foreign country? **Physician** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **John Kerns.**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **16th.**
year **1941** hour **5:20** minute **A.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex **Male (M)** 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
7. Birth date of deceased. **June 21, 1863**
(Month) (Day) (Year)

Immediate cause of death **Lobar Pneumonia** Duration
Due to infection of right lung
and **due to infection of right pleural cavity and**
some could not be determined

8. AGE: Years Months Days If less than one day
77 10 25 hr. min.
9. Birthplace **Ireland.** (City, town, or county) (State or foreign country)

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.

10. Usual occupation **Retired - Truckman.**
Wabash Railroad
11. Industry or business.....
12. Name **John Kerns.**
13. Birthplace **Ireland.** (City, town, or county) (State or foreign country)
14. Maiden name **Dont know.**
15. Birthplace **Ireland.** (City, town, or county) (State or foreign country)

16. (a) Informant **Rev. James Johnston.**
(b) Address **1207 North 6th. St.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-19-41.** (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery.**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**
19. (a) **MAY 17 1941** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

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) (b) Means of injury.....
23. Signature **Alfred Perry** (M. D. or other)
Address **1000** Date signed **5/17/41**

(Licensed Embalmer's Statement on Reverse Side)

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

54
10
7
9

Coroner Office

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.