

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town, **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2346 S. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town, **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2346 S. 9th St.**
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Stephen H. Kersting**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **488-09-4920**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Josephine Kersting** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **November 28, 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **9** **17** _____ hr. _____ min.

9. Birthplace **Josephville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Brown Shoe**

12. Name **Stephen Kersting**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Keokuk**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Josephine Kersting**
(b) Address **2346 S. 9th St.**

17. (a) **Burial** (b) Date thereof **Sept. 18, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter and Paul Cm.**

18. (a) Signature of funeral director **Wick Bros. Und. Co.**
(b) Address **2201 S. Grand Bl.**
19. (a) **SEP 17 1941** (b) **J. T. Kresdeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **15**, year **1941** hour **5** minute **45** P. A. M.

21. I hereby certify that I attended the deceased from **Sept 10**, 1941, to **Sept 15**, 1941; that I last saw him alive on **Sept 15**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **High Blood Pressure**

Due to **SS**

Other conditions **Forbidden from infected with**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **no**

Duration
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) _____
Means of injury _____

23. Signature **J. T. Kresdeck** (M. D. or other) **MD**
Address **2105 S. Broadway** Date signed **9/17/41**

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

20
7
9

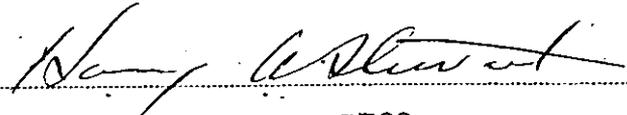
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.