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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 479

FILED FEB 24 1942

Registration District No. 1 Primary Registration District No. 1003 Registrar's No. 283

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 58 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 4

(a) State Missouri. (b) County 6

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 2816 Burd Ave. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hugo Kerner

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White /

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Kerner

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 2 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	7	hr. min.

9. Birthplace Germany. Unemployed. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Unemployed.

11. Industry or business

FATHER
12. Name Jacob Kerner.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ritter.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Kerner.
(b) Address 2816 Burd Ave.

17. (a) Cremation (b) Date thereof 1-12-42.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 11 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1942 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from January 2, 1942, to January 9, 1942;
that I last saw him alive on January 9, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions Right inguinal hernia
(Include pregnancy within 3 months of death)

Major findings:
Of operations right scrotal (direct inguinal hernia) hernia.
Of autopsy refused autopsy examination

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. E. Von Kaenel (M. D. or other)
Address 1515 Lafayette Date signed 1/9/42

(Licensed Embalmer's Statement on Reverse Side)

CA-1657

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2323 St Louis Ave

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.