

FILED MAR 24 1942

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days** (Specify whether
In this community **33 Years** years, months or days)

3. (a) PRINT FULL NAME **William Kerr**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rosie Kerr--Wife** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **10 14 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 16 hr. min.

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

10. Usual occupation _____

11. Industry or business **None**

MOTHER FATHER { 12. Name **Albert Kerr**
13. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah?**
15. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rosie Kerr**
(b) Address **2831 St. Stoddard St**
17. (a) **Burial** (b) Date thereof **3/7/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Wood Cem**

18. (a) Signature of funeral director **Pinkie L Toney**
(b) Address **3129 Lucas Ave**

19. (a) **MAR 4 1942** (b) **J. J. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2831 a Stoddard**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3rd** day **2nd**
year **1942** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **2-26-1942** to **3-2-1942**
that I last saw him alive on **3-2-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease & Decompensation**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**
Major findings: Of operations _____
Of autopsy **Coronary Hypertrophy & C.P.C. of liver, spleen, kidneys**

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) (c) Means of injury _____
23. Signature **A. S. Daver** (M. D. or other **M.D.**)
Address **15-26 Papin** Date signed **3-4-42**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.