

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8802

State File No.

3340

FILED APR 20 1947 91

Primary Registration District No.

Registrar's No.

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:
928 Maple Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Alphonse Ker

8. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Agnes Ann Ker

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

7. Birth date of deceased

March 1, 1867

8. AGE:

Years 75

Months 1

Days 13

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

England

(State or foreign country)

10. Usual occupation

Retired Salesman

11. Industry or business

MOTHER FATHER

12. Name

Mary Lee

13. Birthplace

England

(State or foreign country)

14. Maiden name

Alphonso Ker

15. Birthplace

(City, town, or county)

England

(State or foreign country)

16. (a) Informant

Ralph Pratt

(b) Address

928 Maple Place

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof Apr. 16, 1942

(Month) (Day) (Year)

(c) Place: burial or cremation

Chicago, Ill.

18. (a) Signature of funeral director

Thos. H. Paschedag

(b) Address

2825 N. Grand Blvd

19. (a)

APR 14 1942 (b)

J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 928 Maple Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 1 minute 50 M.

21. I hereby certify that I attended the deceased from April 9, 1942, to April 14, 1942
that I last saw him alive on April 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Hemiplegia from Sudden Cerebral Hemorrhage

Due to

Arterio Sclerosis + Chronic Cystitis

Due to

non TB non tubercular enlarged prostate

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

Sudden
April 14
White

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
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? (Specify type of place) Means of injury

23. Signature Harold Meyer (M. D. or other)
Address 4903 Delmar Date signed 4/13/42

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.....

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

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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, above space should be left blank.