V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

FILED APR 27 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15503

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 866

96

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility, 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/28/42.
(Specify whether years, months or days)
In this community Since 2/28/42

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 994

(c) City or town Cisne 11
(If outside city or town limits, write "RURAL")

(d) Street No. - 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years. 2

3. (a) PRINT FULL NAME Royal E. Kern

3. (b) If veteran, name war World War -1918

3. (c) Social Security No. S.S. None.

4. Sex Male 7

5. Color or race White

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

6. (b) Name of husband or wife Lynn

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

7. Birth date of deceased July (Month) 4. (Day) 1889 (Year)

8. AGE: Years 52 | Months 9 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace Vincennes, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Postmaster.

11. Industry or business -

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

MOTHER
14. Maiden name Alice McClure
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schulig
(b) Address Clinical Clerk, VAH, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation CISNE, ILL. Albert H Hoppe

18. (a) Signature of funeral director 4700 Washington
(b) Address

19. (a) APR 18 1942 (Date received local registrar) (b) C. G. McGowan M.D. (Registrar's signature) 63

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th, year 1942 hour 12:52 minute a. M.

21. I hereby certify that I attended the deceased from February 28, 1942, to April 17, 1942 that I last saw him alive on April 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease,	
Due to cardiac enlargement, myocardial damage and myocardial insufficiency.	
Due to -	Unknown.
Other conditions - (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations -	
Of autopsy No autopsy.	

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) No
(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? (Specify type of place) (Name of injury)

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 4/17/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

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.