

FILED NOV. 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **8809**

Registration District No. **318**

Primary Registration District No. **500**

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4736 Northland**
(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)

3. (a) PRINT FULL NAME **LEE KERNER**

3. (b) If veteran, name war 3. (c) Social Security No. **490-05-0383**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Josephine Gullion** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Oct. 25th. 1895**
(Month) (Day) (Year)

8. AGE: Years **46** Months **11** Days **28** If less than one day hr. min.

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

10. Usual occupation **Tool & Die Maker**
11. Industry or business **General Metal Products**

MOTHER FATHER { 12. Name **Frank Kerner**
13. Birthplace **Poland**
(City, town, or county) (State or foreign country)
14. Maiden name **Frances (unknown)**
15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Josephine Kerner-wife**
(b) Address **4736 Northland Ave.**
17. (a) **Burial** (b) Date thereof **10-26-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Calvary Cemetery Sullivan Brothers**
18. (a) Signature of funeral director
(b) Address **2849 No. Euclid Ave.**
19. (a) **OCT 22 1942** (b) **J. P. Prudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17 9 6**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **4736 Northland** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**
year **1942** hour **6** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Oct 10**
19**42** to **Oct 23** 19**42**
that I last saw him alive on **Oct 22** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **13da**
Due to

Due to
Other conditions (Include pregnancy within 3 months of death) **9/11/42**

Major findings: Of operations **9/11/42** Of autopsy
PHYSICIAN **Dr. J. P. Prudek**
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. P. Prudek** (M. D. or other) **MD**
Address **1004 Thekla Dr** Date signed **10/23/42**

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

Dr. McSwiney

Mu. 4688

Thekla & Kingshighway

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.....

Albert Myfield

Licensed Embalmer No.....

3077

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, fact should be so stated above.