

FILED FEB 1 1943
Registration District No. **818**

Primary Registration District No. **1003**

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: **Missouri Pacific Hospital**
(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..... **life** (Specify whether
years, months or days)

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

3. (b) If veteran, name war.....
3. (c) Social Security No. **702-16-9637**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **January 15 1987**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 0 6 hr. min.

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

10. Usual occupation **Accounting Engineer**

11. Industry or business **Missouri Pacific Ry.**

12. Name **John Webb Kerr**

13. Birthplace **Greenboro Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Holmes**
(City, town, or county) (State or foreign country)

15. Birthplace **Andover Mass.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Kerr**

(b) Address **7363 Liberty, University City**

17. (a) **Removal** (b) Date thereof **Jan. 22, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville, Tenn.**

18. (a) Signature of funeral director **Alexander Sons, Inc.**

(b) Address **6175 Delmar Bldg., St. Louis, Mo**

19. (a) **JAN 22 1943** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7363 Liberty**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **21**
year **1943** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **1-18**
19 **43** to **1-21** 19 **43**

that I last saw h. or alive on **1-21** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary failure**

Due to **hypertensive heart disease**

Due to **50**

Other conditions **Recurrent carcinoma of breast**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (a) Means of injury.....

23. Signature **Henry S. Gon** (M. D. or other)

Address **Mo. Pacific Hospital** Date signed **1/24/43**

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

96
NR

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Joseph E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *4175 Pelmar*

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.