S. No. 2
M—9-4-41
5-17-39
I 1X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12360

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 3669

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

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: St. Louis City Hospital 0
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 924

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3115 S. Jefferson Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hugo Kern

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Lena

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

7. Birth date of deceased August (Month) 15, (Day) 1881 (Year)

8. AGE: Years 61 Months 8 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

10. Usual occupation Retired Waiter

11. Industry or business

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

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

16. (a) Informant Hugo Kern, Jr.
(b) Address 3115 S. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, '43 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director John H. Gebken Sons.
(b) Address 2630 Gravois Avenue

19. (a) APR 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16, year 1943 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from April 13, 1943 to April 16, 1943 that I last saw him alive on April 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Kremia	
Due to Hydronephosis + Hydroureters	
Due to Carcinoma Bladder Urinary	
Other conditions (Include pregnancy within 3 months of death) 52	

Major findings:
Of operations
Of autopsy as above

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
(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 0

23. Signature R. Shea, M. D. (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 4/16/43

(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.....Robert F. Gebken.....

Licensed Embalmer No.....4144.....

P. O. Address.....2630 Gravois.....

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.