

6005  
7. S. No. 2  
FORM-2-43  
Rev. 5-17-39  
X356

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23169**

FILED AUG 12 1943 **318**

Registration District No. **1003**

Registrar's No. **7019**

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  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME..... Joseph H. Kersting

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married.

6. (b) Name of husband or wife..... Marie G. Kersting 6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... September 18, 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 13 If less than one day  
hr. min.

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

10. Usual occupation..... Salesman Buckley Shirt Co.

11. Industry or business.....

12. Name..... Richard Kersting

13. Birthplace..... Saint Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name..... Adelphina Billmeyer

15. Birthplace..... Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Marie G. East

(b) Address..... 2124 South Grand Ave.

17. (a) Burial (b) Date thereof..... August 3, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park.

18. (a) Signature of funeral director..... Ziegenhain Bros.  
(b) Address..... 3409 Gravois Ave.

19. (a) AUG 3 1943 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... Saint Louis, 9 17  
(If outside city or town limits, write "RURAL")

(d) Street No..... 2124 South Grand Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1,  
year 1943 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from July 24, 1943 to August 1, 1943;  
that I last saw him alive on August 1, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pulmonary embolism due to unknown cause Duration 12 hours

Due to.....  
Hypertensive cardiac vascular disease 7 years

Other conditions.....  
(Include pregnancy within 3 months of death) 9 2 0

Major findings:  
Of operations.....

Of autopsy..... absent confirmed

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) (e) Means of injury..... c

23. Signature..... James A. Sweetman MD (M.D. or other) 8/2/43  
Address..... 1515 Lafayette Avenue Date signed.....

**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: Paul E. Morris

Licensed Embalmer No. 3360

P. O. Address. 605 Bonebrake Ct Lansing, Mo

**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.**