S. No. 2
OM—2-43
v. 1-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

29330

State File No. 0

FILED SEP 11 1943

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 1995

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

**1. PLACE OF DEATH:**

(a) County St Louis

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

(c) Name of hospital or institution:
2112 North 69th St
(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)

**2. USUAL RESIDENCE OF DECEASED:** 46

(a) State Missouri (b) County St Louis 0

(c) City or town PINE LAWN 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2112 North 69th St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Otto F Kerschel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

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 (Month) 7 (Day) 1875 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 7 | 25 | hr. min. |

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Surgical Appliances (Owner)

11. Industry or business _____

FATHER
12. Name Charles Kerschel
13. Birthplace _____ (City, town, or county) ? (State or foreign country) 9

MOTHER
14. Maiden name Bertha (Unknown)
15. Birthplace _____ (City, town, or county) ? (State or foreign country) 9

16. (a) Informant Emma Kemper
(b) Address 3117 Winnebago St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home
(b) Address 1936 St Louis Ave

19. (a) SEP 3 1943 (Date of receipt) (b) E. G. McGavran (Registrar's signature) F. S.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 31
year 1943 hour 9:45 minute a M.

21. I hereby certify that I attended the deceased from April 21/43, 19__, to Aug 31, 1943, that I last saw him alive on Aug 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy No Autopsy

Duration: April 21/43 alive 5 mo

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)
(e) Means of injury _____

23. Signature Harry H. Meyer (M. D. or other)
Address 4903 Delmar Date signed 9/1/43

(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 Matthew L. McGahan, Registered Apprentice No. 352, working under my personal supervision.

Signed Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

**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.**