

S. No. 2
M-2.43
5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33251
State File No. 9224
Registrar's No.

OCT 27 1943 318
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 HOURS
In this community 7 years 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town NEARSTAR GROVES
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 325 SIMMONS AVE
(If rural, give location) N.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA ISABELLE KERR

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife ANDREW KERR 6. (c) Age of husband or wife if alive, decd. years
7. Birth date of deceased 7 6 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation at home

MOTHER FATHER
11. Industry or business _____
12. Name John Luck
13. Birthplace ? 9
(City, town, or county) (State or foreign country)
14. Maiden name ?
15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Sheffarth
(b) Address 325 Simmons Ave

17. (a) BURIAL (b) Date thereof 10-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director WESTER GROVES, MO.

(b) Address _____
19. (a) OCT 20 1943 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10 to 18 45
45
that I last saw him W alive on Oct 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death embolism artery leg Duration 6 hr
Chr. coronary disease 3 yr

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) PH

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature Walter H. ... (Specify type of place) _____
While at work _____ (e) Means of injury _____
Address 4952 Wagon Road (M. D. or other) _____
Date signed 10-20-43

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

(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 W. Wilkinson

Licensed Embalmer No. 3575

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.