

FILED JUL 8 1944

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community 3 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5820 Clemens
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joan Ann Kern

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

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 June 23 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name William M. Kern
 13. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Margaret Munroe
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William M. Kern

(b) Address 5820 Clemens

17. (a) Burial (b) Date thereof 8/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation calvary Cemetery

18. (a) Signature of funeral director W. A. Stock

(b) Address JUN 22 1944 E. Grand Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1944 hour 10 minute 45 P:M.

21. I hereby certify that I attended the deceased from June 23
 1944 to June 26 1944
 that I last saw her alive on June 26 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death prematurity

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. P. Costello (M.D. or other) _____
 Address 4915 2 Maryland Date signed July 27/44

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

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.

Not Embalmed

Signed *Frank A. Moore*
Licensed Embalmer No. *5641*
P. O. Address *2117 E. 1st*

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.