

Registration District No. **818**

Primary Registration District No. **1018**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(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 **15 days**  
(Specify whether  
In this community **Since Birth**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4353 Gano Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Raymond Lee Kersten**

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

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 **August 2, 1944**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**15** hr. min.

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

10. Usual occupation **Child**

11. Industry or business

12. Name **Lee Kersten**  
13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Smith**  
15. Birthplace **Ridgley Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Kersten**  
(b) Address **4353 Gano Avenue**

17. (a) **Burial** (b) Date thereof **8/18/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens**  
18. (a) Signature of funeral director **Math. Hermann & Son**  
(b) Address **2161 East Fair Avenue**

19. (a) **AUG 19 1944** (b) **J. F. Bredick**  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **18**  
year **1944** hour **11** minute **11:15 P**

21. I hereby certify that I attended the deceased from **Aug 2**  
**1944** to **Aug 18, 1944**  
that I last saw him alive on **Aug 18, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Inanition**

Due to \_\_\_\_\_

Due to **158**

Other conditions (Includes 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?

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

23. Signature **A. G. Meyer** (M. D. or other)  
Address **3901 W. Flannery** Date signed **8/19/44**

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

MOTHER FATHER

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**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

*Gustav W. Dietrich*

Licensed Embalmer No.

*4329*

P. O. Address

*St. Louis, 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.**