

FILED MAR 9 1945

318 Primary Registration District No. 1003

Registrar's No. 1755

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

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: Broadway & Potomac
(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

3. (a) PRINT FULL NAME Thomas F. Kershaw

3. (b) If veteran, name war World War #1 (c) Social Security No. 356-01-1122

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

6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 15 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Coffeen Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Assembler Medart Company

11. Industry or business _____

12. Name John Kershaw

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

14. Maiden name Serena Lawson

15. Birthplace Coffeen Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Kershaw

(b) Address 3516 S. Broadway

17. (a) Removal (b) Date thereof Feb. 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffeen Cemetery Ill.

18. (a) Signature of funeral director Wacker

(b) FEB 22 1945 3634 Gravois Ave.

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

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. 3516 S. Broadway
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1945 hour 3 minute 00

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration _____

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? _____

(Specify type of place) _____

While at work _____ (a) Means of injury 3

23. Signature Alfred Perry (M. D. or other) _____

Address Depue, Ill. Date signed 2/22/45

MAR 12 1945

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.....

Robert Wheeler

Licensed Embalmer No. *2178*

P. O. Address.....
Spokane

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.