

FILED AUG 3 1945

STANDARD CERTIFICATE OF DEATH

22148

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6442

1. PLACE OF DEATH:

(c) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2929a Michigan Ave., 1
(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:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2929a Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Kerner

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

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

6. (b) Name of husband or wife Hugo Kerner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 12, 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 11 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name John Lange

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

14. Maiden name Elizabeth Ritter

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

16. (a) Informant Mrs. Elizabeth Thomas

(b) Address 2929a Michigan Ave.

17. (a) Cremation (b) Date thereof July 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 25 1945
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 -
year 1945 hour 1:00 pm minute 1:00 pm

21. I hereby certify that I attended the deceased from March 15th 1945 to July 23 1945
that I last saw him alive on July 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of abdominal and pelvic organs
Duration _____
Due to Primary site not determined

Other conditions none
(Includes pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Wm. R. Nye (M. D. or other) _____
Address 2931 Erwin Ave. Date signed 7/23/45

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

MOTHER FATHER

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

Calvin A. Gresh
.....
Licensed Embalmer No. *2927*
P. O. Address *W. Lewis* *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.