

FILED JAN 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Kersting, Mrs. Theresa

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 25 1892
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name ? Schwenne

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

14. Maiden name Not known

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

16. (a) Informant Henry J. Kersting Jr.

(b) Address 49 50 Utah St.

17. (a) Burial (b) Date thereof 1/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Paul Cem.

18. (a) Signature of funeral director John H. Gilman Sons

(b) Address 2630 Gravois Ave.

19. (a) JAN 15 1946 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2417
(d) Street No. 3004 Salena St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 13
year 1946 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-9-1946 to 1-13-1946
that I last saw her alive on 1-13-1946
and that death occurred on the date and hour stated above.

Immediate cause of death AURICULAR FIBRILLATION
2 CORONARY THROMBOSIS
3 INTESTINAL OBSTRUCTION

Due to cardiac failure

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

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature George O Mohr (M. D. or other) MD

Address Bethesda General Hosp Date signed 1-13-46

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

2694

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 T. Gebben*

Licensed Embalmer No..... *4144*

P. O. Address..... *2630 Illinois*

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.