

No. 2  
 M-5-43  
 v. 5-17-39  
 I X36671

FILED JAN 21 1946  
 Registration District No. 6076

Primary Registration District No. 6076

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Ferdinand Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Edgewood Retreat  
(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 Pike  
 (c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 303 N. Main St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa De Buasy Kercheval  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 3  
 year 1946 hour 10 minute 40 P. M.  
 21. I hereby certify that I attended the deceased from 1/16  
 1945 to 1/3 1945  
 that I last saw her alive on 1/1 1945  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Robert Kercheval  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 9 1859  
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation  
Gen't Arteriosclerosis  
 Duration 5 days

8. AGE: Years Months Days If less than one day  
86 10 24 hr. min.

Due to Gen't Arteriosclerosis  
 Due to 9502  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name Claude Pettibone  
 13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Oury  
 15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Royal Kercheval  
 (b) Address 4908 Pershing Ave.  
 17. (a) Burial (b) Date thereof 1-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Louisiana, Mo.

23. Signature John King md (M. D. or other) md  
 Address 6718 Big Bend Date signed 1/3/45

18. (c) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) 1-7-46 (b) W. M. Sarant  
(Date received local registrar) (Registrar's signature)

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

2130

**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..... *Olmo K. Padwell* .....

..... Licensed Embalmer No. *4077* .....

..... P. O. Address.....

**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.**