

FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH

14892

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3508

3508

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmia Dosloge
(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 Rosemary Kerner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased April 15 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. 31 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name James Frederick Kerner

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

14. Maiden name Rosemary Patricia O'Halloran

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

16. (a) Informant Rosemary Kerner
(b) Address 3540 9 Alaska

17. (a) Burial (b) Date thereof April 17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schurer
(b) Address 3125 Lafayette Ave.

19. (a) APR 16 1946 (b) J. F. Bredeck
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FO 5
(c) City or town St Louis 1579
(If outside city or town limits, write "RURAL")
(d) Street No. 3540 9 Alaska
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1946 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from April 15
1946, to April 16 1946

that I last saw her alive on April 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death See premature
for maintenance
of life 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? _____

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

23. Signature Erwin T. Huber (M. D. or other) MD
Address 1000 Olive St Date signed 4-16-46

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

15792

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.

NOT Embalmed

Signed *Geo B Volmer*
.....
Licensed Embalmer No. *4014*
.....

P. O. Address *Houston, Tex*
.....

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.