S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18586

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4451

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:
19ii East John Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1911 John Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MINNIE KERLS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Kerls

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 29, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	17	hr. min.

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

10. Usual occupation At. Home

11. Industry or business

FATHER
12. Name Carl Sackwitz
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Johanna Falkenberg
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Fred Kerls

(b) Address 1911 John Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1946 hour 12:50 PM minute M.

21. I hereby certify that I attended the deceased from Apr 8, 1946, to May 16, 1946
that I last saw her alive on May 16, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia, right	6 da
Due to: arteriosclerosis, chronic	?
Due to	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

61

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? (e) Means of injury 0

23. Signature John G. McInerney (M. D. or other) MD

Address 5014 Thekla Av. Date signed May 17-46

(Licensed Embalmer's Statement on Reverse Side)

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 William G Buchholz

Licensed Embalmer No. 2110

P. O. Address St Louis, 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.