S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 28 1947

Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

State File No. 45895

Registrar's No. 42895

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 222 Baker 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: [illegible]
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 6202 Tilden Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Robert A. Kermode
3. (b) If veteran, name war: No
3. (c) Social Security No.: 705-07-0835
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Anna
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: November (Month) 8th (Day) 1872 (Year)

8. AGE: Years 74 | Months 5 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: England
(City, town, or county) (State or foreign country)
10. Usual occupation: R.R. Conductor
11. Industry or business: B. & O.

FATHER
12. Name: Unknown
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Venita Geitz
(b) Address: 480 E. Big Bend, Webster Groves
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr. 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park
18. (a) Signature of funeral director: Wacker-Nelderle Undt. Co.
(b) Address: 3634 Gravois, St. Louis, Mo.
19. (a) 4-21-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1947 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec. 15, 1946 to April 17, 1947 that I last saw him alive on April 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Arteriosclerosis	
Heart disease	
Due to: 9 3 0	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autops: —

PHYSICIAN
Underline the cause of 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: W. Edwards Smith, M.D.
Address: Wilbur Park Mo. Date signed: 4-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

1332 .M5 Kermode Frank Webster 75
P5 0010 office 21111 - Webster Groves Carnegie - Webster Groves

MAY 4 1987

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.....

Licensed Embalmer No. 2645

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.