No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39941

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10918

1. PLACE OF DEATH:

(a) County

(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: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3332 IVANHOE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CAROLINE MAMER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ JOHN

6. (c) Age of husband ~~or wife~~ if alive 69 years

7. Birth date of deceased FEB. (Month) 17 (Day) 1880 (Year)

8. AGE: Years 67 Months 9 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name RUDOLPH KERN
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY WERDER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant JOHN W. MAMER
(b) Address 3332 IVANHOE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PK.

18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) NOV 29 1947 (Date received local registrar) (b) J. F. Brackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1947 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 11, 1947, to Nov. 27, 1947, that I last saw her alive on Nov. 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis	7 days
Due to: Hepatic infection	14 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

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

23. Signature R. M. Keller M.D. (M. D. or other)
Address 3284 Iowa, St. Louis Mo. Date signed 11-28-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6 30 7 30 P.M.

3284 [illegible]

K. 1250 r

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 Homer C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.