No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2697

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1119

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

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: City Hospital
(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

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

(d) Street No. 20 South Spring Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herman D. ~~Kerhs~~ Kahrs

3. (b) If veteran, name war World War #I

3. (c) Social Security No. 445 05 2112

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian ~~Kerhs~~ Kahrs

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. (Month) 15th. (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	16	hr. min.

9. Birthplace Fort Smith, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Billing Clerk

11. Industry or business Mallinckrodt Chemical Co.

FATHER
12. Name Henry ~~Kerhs~~ Kahrs
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Marie (******)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian ~~Kerhs~~ Kahrs
(b) Address 20 South Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) FEB 3 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st. year 1948 hour 11.30 minute 37 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death [signature]

Due to [signature]

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address [signature] Date signed 2/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1948

Coroners Case

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.