No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10352

FILED APR 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2912

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 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. 5800 ARSENAL ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERMAN W. KERNER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NELLIE KERNER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 29 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	25	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation INVALID
11. Industry or business

FATHER
12. Name JULIUS KERNER
13. Birthplace BERLIN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LENA STUMPF
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant WILLIAM KERNER
(b) Address 322 PLAZA AVE. FERGUSON
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 1948 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEW'S
18. (a) Signature of funeral director WITT BROS. L & U. CO.
(b) Address 2929 S. JEFFERSON AVE.
19. (a) MAR 25 1948 (Date received local reg.) (b) J. J. Bulcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24 year 1948 hour 7 minute 9 A.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: Fracture of Femur
2 Fracture of Lumbar Spine
Patient Bordeaby suffered when deceased fell to the floor while walking in the hall on March 21 & Feb 8 1948 as shown 4:00 P.M.

Duration: Hrs.

Other conditions (Include pregnancy within 3 months of death): NONE

Major findings:
Of operations: NONE
Of autopsy: NONE

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) Accident
(b) Date of occurrence Feb 8 1948
(c) Where did injury occur? ST. LOUIS (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 (M.D. or other)
Address Date signed 3/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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. 374

P. O. Address 292 Jefferson

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.