

FILED MAR 5 1949

## STANDARD CERTIFICATE OF DEATH

State File No.

6352  
1533

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5469 Arlington Ave		d. STREET ADDRESS (If rural, give location) 5469 Arlington Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Kern c. (Last) Kern			4. DATE OF DEATH February 16 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 14 1868
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ills.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Goodwin	
13b. MOTHER'S MAIDEN NAME Blake		14. NAME OF HUSBAND OR WIFE Late Edward A. Kern	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Roy Kern 305 Tacoma Dr Lemay Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (left side) INTERVAL BETWEEN ONSET AND DEATH 1 wk  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. nephritis & arteriosclerosis DUE TO (c) 12/1 592X  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Oct 1, 1948, to Feb 16, 1949, that I last saw the deceased alive on Feb 13, 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE J. B. Fuster M.D.		23b. ADDRESS 3608 Grand Prairie St. Mo	
23c. DATE SIGNED 2/16/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb 18 1949		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Futz	
DATE REC'D BY LOCAL REG. FEB 17 1949		ADDRESS 4828 Nat. Bridge Blvd	

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*John A. Mensa*

Licensed Embalmer No. *4186*

P. O. Address

*St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**