

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21269**
Registrar's No. **5462**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 21269		Registrar's No. 5462			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5510 Rhodes Avenue				d. STREET ADDRESS (If rural, give location) 2 5510 Rhodes Avenue							
3. NAME OF DECEASED (Type or Print) Bertha			a. (First)			b. (Middle) Kern			c. (Last)		
4. DATE OF DEATH June 22, 1949			5. SEX Female			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH December 17, 1855			9. AGE (In years last birthday) 93			10. UNDER 1 YEAR Months 6			11. UNDER 2 HRS. Days 5		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY At home				11. BIRTHPLACE (State or foreign country) Baden, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown Frederick			13b. MOTHER'S MAIDEN NAME Anna Ziser			14. NAME OF HUSBAND OR WIFE Christian Kern					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Christine Kern ADDRESS 5510 Rhodes Avenue					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchio ANTECEDENT CAUSES Cerebral Apoplexy Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 4 days 4 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR 3rd floor					
22. I hereby certify that I attended the deceased from JAN 1941 to JUNE 22, 1949 , that I last saw the deceased alive on JUNE 27, 1949 , and that death occurred at 11:15 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Harry Reich M.D.				23b. ADDRESS 5641 So Kingshighway				23c. DATE SIGNED 6/24/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park				24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. JUN 24 1949		REGISTRAR'S SIGNATURE J. B. Sauter				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. J. Robert L. & U. Co. 1905 So. Grand Blvd					

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.

Student
Student Embalmer

Signed

J Allen Davis Jr

Licensed Embalmer No.

4053

P. O. Address

St Louis

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.