

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH21271
5405

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		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 _____									
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS							
d. FULL NAME OF HOSPITAL OR INSTITUTION 3846 BURGEM				f. STREET ADDRESS (If rural, give location) 3846 BURGEM									
3. NAME OF DECEASED (Type or Print)			a. (First) BERNARD			b. (Middle) A.			c. (Last) KERSTING				
4. DATE OF DEATH			(Month) JUNE			(Day) 22			(Year) 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 30, 1881		9. AGE (In years last birthday) 67		f UNDER 1 YEAR Months 5 Days 22		f UNDER 4 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED INS. SALESMAN				10b. KIND OF BUSINESS OR INDUSTRY METROPHAN				11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME JOHN KERSTING				13b. MOTHER'S MAIDEN NAME THEKLA SCHUMACHER				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. NORMA PHILLIPS ADDRESS 3846 BURGEM							
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH About 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY INFARCTION 2nd				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY INFARCTION 1st DUE TO (c) CORONARY ARTERIOSCLEROSIS								JAN 8 1948 ?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
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) 940							
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? H. 2. 61									
22. I hereby certify that I attended the deceased from Jan 8, 1948 , to June 22, 1949 , that I last saw the deceased alive on June 30, 1949 , and that death occurred at 6:20 A.M. , from the causes and on the date stated above.													
23a. SIGNATURE Henry T Cooper (Degree or title) M.D.						23b. ADDRESS 818 Olive St.			23c. DATE SIGNED 22 June 49				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 25 1949		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.				24d. LOCATION (City, town, or county) (State) ST. LOUIS MO					
DATE REC'D BY LOCAL REG. JUN 22 1949				REGISTRAR'S SIGNATURE J B Lassiter				25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Leavie					

(Licensed Embelmer'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.

Student
Student Embalmer

Signed _____

Samuel C. Hill

Licensed Embalmer No. _____

4347

P. O. Address _____

2906 Havana

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.