

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35735

State File No. 3063

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4469 Registrar's No. 4273

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) (township) <u>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>	95
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Leo Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>9205 Wabaday Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Kern</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 18, 1875</u>	9. AGE (in years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>3</u> IF UNDER 1 YEAR Days _____ IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U. City</u>	11. BIRTH PLACE (State or foreign country) <u>St Louis mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Henrietta Kern</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Eriksson, 9205 Wabaday</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular mural thrombus</u>		
	DUE TO (c) <u>Chronic auricular fibrillation</u> II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <u>Ulcer of leg.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>433.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 7, 1949, to Oct. 30, 1949, that I last saw the deceased alive on Oct. 30, 1949, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Ahle</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton</u>	23c. DATE SIGNED <u>10-30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/2/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Free Cemetery, St Louis</u>	24d. LOCATION (City, town, or county) (State) <u>Leo</u>
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DATE REC'D BY LOCAL REG. <u>10-31-49</u>	REGISTRAR'S SIGNATURE <u>Herbert W. Womko M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumann Bros 504 Woodson Rd</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 3452

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, m

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.