

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38915
State File No. 9946
Registrar's No.

318

1002

BIRTH NO. #105149 REG. DIST. NO. PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS d. STREET ADDRESS (If rural, give location) 4040 WALSH	
3. NAME OF DECEASED a. (First) (Type or Print) b. (Middle) JACOB c. (Last) KERN		4. DATE OF DEATH (Month) (Day) (Year) November 16, 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 17 1860
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 5 Days 29 IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHOE WORKER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY GERMANY	
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME KERN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE AMELIA KERN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LENI KURGAS 4040 WALSH	
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) Carcinoma of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Prostatectomy, etc.	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH ?	
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 MISSOURI		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/16/49	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X	
22. I hereby certify that I attended the deceased from 11/3/49, 19 to 11/16/49, 19, that I last saw the deceased alive on 11/16/49, 19, and that death occurred at 6:45 pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph J. Elden, M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 11/17/49		24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	
24b. DATE Nov. 19 1949		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois	
DATE RECEIVED BY LOCAL REG. NOV 18 1949		REGISTRAR'S SIGNATURE J. B. P...	

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. Will

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.