

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28358

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7353

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3225 N Florissant</u>		d. STREET ADDRESS (If rural, give location) <u>3225 N Florissant</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) c. (Last) <u>Kerner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1950</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Dec 8, 1875</u>			9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Joseph Kerner</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wallior</u>		14. NAME OF HUSBAND OR WIFE	
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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>Stanley Stiefvater 4087 1/2 Wilmington</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES <u>Carcinoma of Colon</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>74</u>
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>15th St</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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 July, 1948, to Aug 27, 1950, that I last saw the deceased alive on Aug 26, 1950, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward A. Hotte, M.D.</u>		23b. ADDRESS <u>2435 N. Grand</u>		23c. DATE SIGNED <u>8-28-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>	

DATE RECD BY LOCAL REG. <u>Aug 29 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L Ziegenhein & Sons 7027 Gravois</u>	
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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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Travis*

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.