

FILED OCT 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34472

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (If applicable) Life		d. STREET ADDRESS (If rural, give location) 1323 North Second Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1323 North Second Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) D.	c. (Last) Kern	4. DATE OF DEATH (Month) (Day) (Year) October 6 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 7 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days 	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Betts	13b. MOTHER'S MAIDEN NAME Liza Rollins	14. NAME OF HUSBAND OR WIFE Mike Kern
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No	(If yes, give war or dates of service) NIL	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Mike Kern	ADDRESS 1323 N. 2nd-St. Charles, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Cardiac disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation		

19a. DATE OF OPERATION 10-7-50	19b. MAJOR FINDINGS OF OPERATION Brain Hemorrhage	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) 4500
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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 **9/6 1950**, to **10/6 1950**, that I last saw the deceased alive on **10/3 1950**, and that death occurred at **8:10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. Kern	(Degree or title) D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 10/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 9 1950	24c. NAME OF CEMETERY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. 10-7-50	REGISTRAR'S SIGNATURE Francis Hamilton	284	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dalmeyer & Sons	ADDRESS 800 N. 2nd--St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0923

0923

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No. 4189

Signed [Signature]
Student Embalmer

Signed Joseph F Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles Mo

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.