

No. 300
10-48
FILED JUN 2 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17716**
Registrar's No. **16**

BIRTH NO.		REG. DIST. NO. 305		PRIMARY REG. DIST. NO. 6047		Registrar's No. 16			
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O Fallon Mo. Rural Cuirre Twp 14da		c. LENGTH OF STAY (In this place) 17 1/2 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O Fallon - Rural - Cuirre		d. STREET ADDRESS (If rural, give location) 7 mi. North West of O Fallon			
3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Catherine c. (Last) Kersting				4. DATE OF DEATH (Month) (Day) (Year) May-7-51					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 23 1950			
9. AGE (In years last birthday) 1		10. MONTHS 1		11. DAYS 14		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) O Fallon		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Preston Kersting		13b. MOTHER'S MAIDEN NAME Philomene Hackenwerth		14. NAME OF HUSBAND OR WIFE					
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					
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) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Interventricular septal defect of heart.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7542			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 21 , 1950, to present , 1951, that I last saw the deceased alive on March 10 , 1951, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE John L. Krieger, M.D.				23b. ADDRESS O Fallon, Mo.		23c. DATE SIGNED 11 May 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 8-51		24c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Josephville MO			
DATE REC'D BY LOCAL HEALTH DEPT. May 25 1951		REGISTRAR'S SIGNATURE Marion F. Jeff		25. FUNERAL DIRECTOR'S SIGNATURE T.B. Pitman's Funeral Home		ADDRESS Meritzville MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4
MAY 28 1951

RECEIVED

Parents did not want this baby embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer.

Signed Annetta M. Titman

Licensed Embalmer No. 3055

P. O. Address Venterville N.J.

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.