

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35265

State File No.
Registrar's No. 9635

FILED NOV 8 1951

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 6730 Clayton Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6730 Clayton Ave.			

3. NAME OF DECEASED (Type or Print) Robert J. Kerr			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Aug. 30, 1872		9. AGE (In years last birthday) 79		10. CITIZENRY OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (State or foreign country) Ontario, Canada	

13a. FATHER'S NAME Robert Kerr		13b. MOTHER'S MAIDEN NAME Margaret Connelly		14. NAME OF HUSBAND OR WIFE Ida	
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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) No		16. SOCIAL SECURITY NO. 489-07-8947		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald V. Kerr, 9518 Radio Dr.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - ileocecal + metastatic INTERVAL BETWEEN ONSET AND DEATH 9 mo? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction of bowel - colon 3 weeks DUE TO (c) Cachexia 2 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis, Colicquation, Aorta, Rheumatoid - generalized 20 yrs +	
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19a. DATE OF OPERATION		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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X	

22. I hereby certify that I attended the deceased from Aug 15, 1951, to Oct 29, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Lawrence MD		23b. ADDRESS 634 No Grand Ave		23c. DATE SIGNED 10/30/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-30-51		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
				24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	

DATE REC'D BY LOCAL REG. 10/31/51		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1937

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. I

Student _____

Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. *4198*

P. O. Address *St. James 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.