

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35898

State File No. _____

FILED OCT 18 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3403

1. PLACE OF DEATH <u>RICHMOND HGTS. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>ST. LOUIS</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>RICHMOND HGTS. Mo.</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>
c. LENGTH OF STAY (in this place) <u>YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1341 HYLAND TERR.</u>		d. STREET ADDRESS (If rural, give location) <u>1341 HYLAND TERR.</u>	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH MARY KERNELL</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>OCT. 9 1951</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 8 1875</u>	9. AGE (In years last birthday) <u>76</u>	If UNDER 1 YEAR Months <u>9</u> Days <u>1</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HENRY BECKMANN</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE KEENAN</u>	14. NAME OF HUSBAND OR WIFE <u>WARREN T. KERNELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.B. KERNELL</u>	ADDRESS <u>7249 RICHMOND P.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease & Decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

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) _____
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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 Oct 19 1951 to Oct 9 1951, that I last saw the deceased alive on Oct 9 1951, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph P. Carney M.D.</u>	23b. ADDRESS <u>906 Duval St</u>	23c. DATE SIGNED <u>10-11-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 12 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER & PAUL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>10-11-51</u>	REGISTRAR'S SIGNATURE <u>Hubert G. Jomke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Boeklage</u>	ADDRESS <u>6536 Clayton Rd</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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

John J. Steines

Licensed Embalmer No. *4108*

P. O. Address *St Louis 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.