

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10194**
Registrar's No. **2887**

REC APR 12 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2179	
c. LENGTH OF STAY (in this place) 2 Mon.		d. STREET ADDRESS (If rural, give location) 3666 McRee	
d. FULL NAME OF (If not in hospital or institution, give street address or location) City Hospital		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) KERN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3/25/52			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 1/6/1870	9. AGE (In years less birthday) 82	IF UNDER 1 YEAR Months 2 Days 19	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) milliner		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME F. Brauer Stern		13b. MOTHER'S MAIDEN NAME Joanna Garner		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) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Stern 3666 McRee	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lungs; Lx of left femur; Suffered in fall ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to fall 4066 a De Quaty about 6:15 am Jan 24, 1952 DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 800 Accident		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY Jan 24 52 6:15		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9030-20	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick Taylor Carson (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3.27.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/52		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	
DATE REC'D BY LOCAL REG. MAR 27 1952		REGISTRAR'S SIGNATURE Carl Smith		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
25. FUNERAL DIRECTOR'S SIGNATURE Joe A. Howard		ADDRESS 1619 So. Grand			

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

S. No. 300
v. 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

Robert M. Murray

Licensed Embalmer No. *3749*

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.