

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29671

State File No. \_\_\_\_\_

FILED SEP 3-1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7818**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>2269</b>	
b. CITY OR TOWN <b>St Louis Mo 0</b>		c. CITY OR TOWN <b>Mo St Louis 0</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>26 1867a Cass ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Kernan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-16-52</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 27 1884</b>		9. AGE (in years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stroo RoomKeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>American Fix. Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Genevieve Mo 0</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Patrick Kernan</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Bloom</b>	
14. NAME OF HUSBAND OR WIFE <b>Ethel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No NO</b>		16. SOCIAL SECURITY NO. <b>565-14-7553</b>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Ethel Kernan</i>		18. ADDRESS <b>1867a Cass ave</b>			

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) <b>Carcinoma of head of Pancreas</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 mos. ?</b>	
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.			<b>Hypertensive heart disease ?</b>	

19a. DATE OF OPERATION <b>March 5</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ca of Pancreas</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? <b>157X</b>	

22. I hereby certify that I attended the deceased from **6-28**, 19**47**, to **8-16**, 19**52**, that I last saw the deceased alive on **8-16**, 19**52**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Albert Kaplan MD</i>		(Degree or title)		23b. ADDRESS <b>607 N. Grand</b>		23c. DATE SIGNED <b>8-18-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-19-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PK of P. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Frances Mo</b>	

DATE REC'D BY LOCAL REG. <b>AUG 18 1952</b>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Central Funeral Home</b>		ADDRESS <b>1841 Cass av</b>	
--	--	---	--	---	--	--------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Penelino

Licensed Embalmer No. 4283

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.