

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43558**

FILED JAN 10 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. **1003** Registrar's No. **11470**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sandoval</b> <b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Iva</b> b. (Middle) c. (Last) <b>Kerwin</b>		4. DATE OF DEATH <b>12-9-52</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1-15-1890</b> 9. AGE (In years last birthday) <b>62</b> 10. UNDER 1 YEAR 11. UNDER 1 MONTH 12. UNDER 1 HOUR 13. UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Caryle, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph Kerwin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Kerwin, Sandoval, Ill.</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Glioma of Brain</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 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>Atrophy of kidneys</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>---</b>	
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>193X</b>		22. I hereby certify that I attended the deceased from <b>4/29</b> , 19 <b>52</b> , to <b>12/9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>12/9</b> , 19 <b>52</b> and that death occurred at <b>7:00</b> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Leola M. Sandoval</b>		23b. ADDRESS <b>457 N. Kingshighway, St. Louis</b>	
23c. DATE SIGNED <b>12/12/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>12-11-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sandoval, Ill.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cox and Martin, Sandoval, Ill.</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>DEC 12 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	

**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 Ronald A. Yahn

Licensed Embalmer No. 3917

P. O. Address St. Louis

**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.