

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22943

State File No.

FILED JUL 15 1953

318

1003

Registrar's No. 5978

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)									
St. Louis, Mo.				29 Mid Park 421									
3. NAME OF DECEASED (Type or Print) a. (First)			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)						
Marilyn			Elizabeth		Kerr		6 15 53						
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
Female		White		Single		Aug. 12 1935		17					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY?				
Student						St. Louis Mo			USA				
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE						
John D. Kerr, Jr.				Elizabeth Hart									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS								
No			None		John D. Hart Ladue Mo								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombophlebitis-left leg- 1 week									
				ANTECEDENT CAUSES									
				*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.									
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
				DUE TO (b) Cerebral embolus-30 Hours:									
				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 checked="" type="checkbox"/> NO <input 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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR							
						463 X							
22. I hereby certify that I attended the deceased from May 2, 1953, to June 15, 1953; that I last saw the deceased alive on June 15, 1953, and that death occurred at 6:10 P.M., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED					
F. R. Bradley M.D.				BARNES HOSPITAL				6/15/53					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)						
Removal		6/16/53		Uphalla			St. Louis Co. Mo						
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
JUN 15 1953		J. Carl Smith M.D.			C. R. Rupton & Sons, 7233 Delmar								
(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ronald W. Schoene*

Licensed Embalmer No. *386*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.