

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

**34636**

State File No. ....

FILED OCT 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2565</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pond</u>		c. LENGTH OF STAY (in this place) <u>72 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pond</u>		d. STREET ADDRESS (If rural, give location) <u>Manchester Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Rd, Pond, Mo</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lottie</u> b. (Middle) _____ c. (Last) <u>Kern</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Apr. 3, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>5</u>	11. DAYS <u>13</u>	12. HOURS & MIN. <u>Hours   Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>schoolteacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Smith school</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Hillebran</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Bruegg Hof</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Kern</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. F. Essen 14 N. Central Clayton Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>				<u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u>				<u>3 1/2 mos.</u>	
		DUE TO (c) <u>Arteriosclerotic heart disease</u>				<u>UNKNOWN</u>	
		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  <u>4200</u>				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) <u>Pond, Missouri St. Louis Co</u>			
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?			
22. I hereby certify that I attended the deceased from <u>June 17, 1953</u> , to <u>Sept. 16, 1953</u> , that I last saw the deceased alive on <u>Sept. 16, 1953</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James E. Meyer MD</u>				23b. ADDRESS <u>Ballwin, Missouri</u>		23c. DATE SIGNED <u>Sept. 17, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glencoe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glencoe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/19/53</u>		REGISTRAR'S SIGNATURE <u>Heckert E. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>			

(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 .....

Student Embalmer

Signed

*Richard Bopp*

Licensed Embalmer No.

*4584*

P. O. Address

*Ballwin, 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.