

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10596**

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **760**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
c. LENGTH OF STAY (In this place) 47 years		d. STREET ADDRESS (If rural, give location) 140 N. Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION 140 N. Central		d. STREET ADDRESS (If rural, give location) 140 N. Central	

3. NAME OF DECEASED (Type or Print) HENRY	a. (First) P.	b. (Middle) KERTH	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954
--	----------------------	--------------------------	-----------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 17
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker	10b. KIND OF BUSINESS OR INDUSTRY Chesterfield Bank	11. BIRTHPLACE (City and State or Foreign Country) Mattese, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---

13a. FATHER'S NAME Jacob Kerth	13b. MOTHER'S MAIDEN NAME Mary Klatt	14. NAME OF HUSBAND OR WIFE Odalia Kerth
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 495-12-8752	17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Lindeman	ADDRESS Clayton, Mo.
---	--	---	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mos.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity 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. Generalized arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) (Min.)	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 **Aug 1953**, to **March 1954**, that I last saw the deceased alive on **March 25, 1954**, and that death occurred at **10¹⁵ A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. Make M.D.	23b. ADDRESS 4161 Lindell Blvd.	23c. DATE SIGNED 3-26-54
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBED	24b. DATE 03/27/54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 3/26/54	REGISTRAR'S SIGNATURE Herbert B. ...	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp	ADDRESS the Railroad
---	---	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

4161 Lindell

PW

710

174, 174

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 Felix Hess and

Licensed Embalmer No. 3024

P. O. Address East Curved 23 27

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.