No. 300
10-46

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11695

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5493 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNION R.R.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4022 So. Grand Av.

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): W.
c. (Last): KERNEBECK

4. DATE OF DEATH (Month) (Day) (Year): APR. 19 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: FEB. 5, 1918
9. AGE (In years last birthday): 36 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFER FOR AG
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: FREDERICK KERNEBECK
13b. MOTHER'S MAIDEN NAME: ELIZABETH SCHNIEDER
14. NAME OF HUSBAND OR WIFE:

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.: 490-039806
17. INFORMANT'S SIGNATURE OR NAME: ROSALIE SCHMITT — ADDRESS: ST. LOUIS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in Truck accident lost
DUE TO (c) control and went over

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. embankment ½ mile East of

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Villa Ridge cut off.
20. AUTOPSY YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy # 50 + 66
21c. (CITY, TOWN, OR TOWNSHIP): Union — **(COUNTY)**: Union — **(STATE)**: Franklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 19 54 7 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Truck accident lost control

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Ernest L. Oltmann — (Degree or title): coroner
23b. ADDRESS: Herculaneum Mo
23c. DATE SIGNED: 4-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 22
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.: April 20 1954
REGISTRAR'S SIGNATURE: J. J. Cooper Efc 98-0
25. FUNERAL DIRECTOR'S SIGNATURE: Lefkin-Benz Mortuary — **ADDRESS**: St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 16 1954

APR 21 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by Not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer . Signed E. H. Oltmann

Licensed Embalmer No. 16

P. O. Address Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.