FILED JUN 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16813

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ste Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ste Genevieve 93 0 1
d. STREET ADDRESS (If rural, give location): RR 2

3. NAME OF DECEASED (Type or Print)
a. (First): Vernon
b. (Middle): James
c. (Last): Kertz

4. DATE OF DEATH (Month) (Day) (Year): May 28 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 19 1934
9. AGE (In years last birthday): 19 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glass Mfg.
10b. KIND OF BUSINESS OR INDUSTRY: Pittsburg Plate Glass Co
11. BIRTHPLACE (City and State or Foreign Country): Ste Genevieve Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frederick Kertz
13b. MOTHER'S MAIDEN NAME: Martha Schilly
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-34-9528
17. INFORMANT'S SIGNATURE OR NAME: Frederick A. Kertz — ADDRESS: Ste. Genevieve Mo RR 2

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) Cerebral Contussion, frontal lobe, due to compound skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ___
DUE TO (c) ___

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II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 26 May 54
19b. MAJOR FINDINGS OF OPERATION: skull fracture + cerebral contussion
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.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Ste Genevieve County (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 26 May 54 3:00 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hit in head with plank from saw mill

22. *I hereby certify that I attended the deceased from* 26 May, 1954, *to* 28 May, 1954, *that I last saw the deceased alive on* 28 May, 1954, *and that death occurred at* 6:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James D. Bredall MD
23b. ADDRESS: Perryville, Mo
23c. DATE SIGNED: 2 June 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1 1954
24c. NAME OF CEMETERY OR CREMATORY: Ste Philomena
24d. LOCATION (City, town, or county) (State): Blooms Dale Mo

DATE REC'D BY LOCAL REG.: 6-3-54
REGISTRAR'S SIGNATURE: Jos J Zellner 250
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Barler — ADDRESS: Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 8 1954

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.