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FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20774

State File No. ....

1003

Registrar's No. ....

4612

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis, Mo.** c. LENGTH OF STAY (in this place) **16-days**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL**  
e. STREET ADDRESS (If rural, give location) **3110a Bent Ave.** **2169**

3. NAME OF DECEASED a. (First) **Elmer** b. (Middle) **Herman** c. (Last) **Kershaw** 4. DATE OF DEATH (Month) (Day) (Year) **May 22 1954**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M.** 8. DATE OF BIRTH **Jan. 7, 1899** 9. AGE (in years last birthday) **55** 10. UNDER 1 YEAR Months **4** Days **15** 11. UNDER 12 HRS. Hours **15** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Office Clerk** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Edward Kershaw** 13b. MOTHER'S MAIDEN NAME **Wilhelmina Schmidt** 14. NAME OF HUSBAND OR WIFE **Mrs. Agnes Kershaw**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** 16. SOCIAL SECURITY NO. **493-10-3288** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Agnes Kershaw** ADDRESS **3110a Bent Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CARCINOMA OF THE PANCREAS WITH METASTASES**  
ANTECEDENT CAUSES DUE TO (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
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  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **157X**

22. I hereby certify that I attended the deceased from **May 6, 1954**, to **May 22, 1954**, that I last saw the deceased alive on **May 22, 1954**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **A. E. McGinnis** (Degree or title) **M. D.** 23b. ADDRESS **BARNES HOSPITAL** 23c. DATE SIGNED **5/22/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **May 25, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAY 24 1954** REGISTRAR'S SIGNATURE **Carl Smith** FUNERAL DIRECTOR'S SIGNATURE **Arthur J. Donnelly** ADDRESS **3840 Lindell Blvd.**

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

(Licensed Embalmer's Statement on Reverse Side)

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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 *James H. Williams*.....

Licensed Embalmer No. *356*

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.