

BIRTH NO. 49652-54 REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 547 Registrar's No. 1412

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Town Richmond Hights</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>OR TOWN Florissant</u>	
c. LENGTH OF STAY (If applicable) <u>8 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>160 St. Gregory St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Inge</u> b. (Middle) c. (Last) <u>KERN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 15, 1954</u>
9. AGE (In years last birthday)		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Hights, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Arthur Kern</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Scott</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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 <u>Arthur Kern, Florissant, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature - non-usable</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operative separation of placenta due to circumvallate placenta</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</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>7615</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 birth 6-15 1954 to death 6-15 1954, that I last saw the deceased alive on 6-15 1954, and that death occurred at 8:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Erwin T. Huber, MD</u>	23b. ADDRESS <u>Two Hunter Bldg</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.,</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>6/17/54</u>	REGISTRAR'S SIGNATURE <u>Heckel R. Stork</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark</u>	ADDRESS <u>1125 Hodiament Ave.,</u>
--	---	---	--

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

Dr. Erwin T. Huber  
Mo. Ther. Bldg.  
Room 913-14  
FR. 16944 1.30 --5 P.M.

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.....

.....  
working under my personal supervision

..... Student Embalmer No.....

*(no embalming)*

Signed *Jos. W. Clark*

Signed.....  
Student Embalmer

Licensed Embalmer No. *11641*

P. O. Address *1125 Hadisumont*

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.