

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24788

State File No. _____
Registrar's No. 6124

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 19a North Spring Av.		e. STREET ADDRESS (If rural, give location) 19 19a North Spring Av.		2199			
3. NAME OF DECEASED (Type or Print) LENA		a. (First)		b. (Middle)			
c. (Last) KERNS		4. DATE OF DEATH		(Month) (Day) (Year) July 5, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED WIDOWED (Specify) Widowed			
8. DATE OF BIRTH August 12, 1876		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days			
11. IF UNDER 1 HR. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Wabash, Indiana		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Snedeker		13b. MOTHER'S MAIDEN NAME Amelia Jones		14. NAME OF HUSBAND/OR WIFE John Kerns			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna R. Wetterau, 5048 Grace Av.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis-Chr. ANTECEDENT CAUSES DUE TO (b) Hypertension 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.				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 422.2			
22. I hereby certify that I attended the deceased from 5-6, 1949, to July 5, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 5:00 am, from the causes and on the date stated above.							
23a. SIGNATURE <i>Edna R. Wetterau</i>		(Degree or title) 9		23b. ADDRESS 4500 Olive			
23c. DATE SIGNED 7/6/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1954			
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)			
DATE REC'D BY LOCAL REG. JUL 7 1954		REGISTRAR'S SIGNATURE <i>Edna R. Wetterau</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. Inc., 1936 St. Louis Av.			

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

Dr. John W. Henderlite
4500 Olive St.

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 *John W. Henderlite*.....

Licensed Embalmer No. *428*

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.