

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39598

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2535</u>	
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			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u>)		c. LENGTH OF STAY (If this place) <u>8 wks.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				STREET ADDRESS (If rural, give location) <u>6952 Highview</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Kerth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1954</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>January 23, 1867</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Director</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mattese, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Kerth</u>		13b. MOTHER'S MAIDEN NAME <u>Helena Theiss</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Kerth (Zelch)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-20-5751A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norman E. Kerth, 6133 Coronado Avenue</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Generalized Arteriosclerosis</u>	
		DUE TO (c)				Indefinite	
		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic Gangrene of Left Leg</u>				2 Mos.	
19a. DATE OF OPERATION <u>9/5/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerotic Gangrene of Leg.</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Sept. 1, 1954</u> , to <u>Oct. 30, 1954</u> , that I last saw the deceased alive on <u>10/30, 1954</u> , and that death occurred at <u>11:15p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles S. Shewin, M.D., D.P.</u>				23b. ADDRESS <u>Suite 801 3720 Washington Avenue</u>		23c. DATE SIGNED <u>11/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset, Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/54</u>		REGISTRAR'S SIGNATURE <u>Walter R. Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Hoffmeister Colonial Mortuary, Chippewa</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Chas. S. Sherwin,
3720 Washington

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 *Harry J. Lukens*.....
Licensed Embalmer No. *2679*.....

P. O. Address *2814 S. Broadway*

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.