

FILED DEC 16 1954

## STANDARD CERTIFICATE OF DEATH

42523

State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10705

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

Registrar's No. ....

10705

1. PLACE OF DEATH a. COUNTY		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. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 5 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5825 Henner Avenue		e. STREET ADDRESS (If rural, give location) 5825 Henner Avenue 2079	
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Margaret c. (Last) Kerley		4. DATE OF DEATH (Month) (Day) (Year) 11 - 21 - 1954	
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 - 16 - 1890
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Bressert		13b. MOTHER'S MAIDEN NAME Sadie Ballard	
14. NAME OF HUSBAND OR WIFE Roy C. Kerley		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. none		17. INFORMANT'S SIGNATURE OR NAME Roy C. Kerley, 5825 Henner Ave.	
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) <u>Cerebro-Vascular Accident Sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis years</u> DUE TO (c) <u>Hypertension, see to above years</u> 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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 331x		22. I hereby certify that I attended the deceased from <u>June 19<sup>th</sup></u> , 19 <u>54</u> , to <u>Nov 21, 1954</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>54</u> , and that death occurred at <u>5 PM</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Am. P. Dean M.D.</u>		23b. ADDRESS <u>35th Central - 5-</u>	
23c. DATE SIGNED <u>11/23/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE <u>11/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>	
DATE REC'D BY LOCAL REG. NOV 24 1954		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S ADDRESS 1905 Union Blvd.		26. (Licensed Embalmer's Statement on Reverse Side)	

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

No. 300  
10-48

Dr. Slim Beam  
35 N. Central Ave.  
1:30 - 5

**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 *Albert R. Thompson*

Licensed Embalmer No. *4257*

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.**