

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1955

State File No. 27855
7493

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

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 MO		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION SARAH AND LACLEDE		e. STREET ADDRESS (If rural, give location) 5918 WANDA	
3. NAME OF DECEASED (Type or Print) a. (First) STANLEY b. (Middle) KERNBACH c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) AUG. 24 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 6 1910
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ARTHUR KERNBACH		13b. MOTHER'S MAIDEN NAME ANNA TRISKA	
14. NAME OF HUSBAND OR WIFE CATHERINE KERNBACH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 333-03-6083		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS CATHERINE KERNBACH 5918 WANDA	
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) Heat exhaustion Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
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? 581-0 F		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 335 P.M., from the causes and on the date stated above.	
23a. SIGNATURE (Sign or title) Patrick C. Taylor Coroner		23b. ADDRESS 1800 Clark	
23c. DATE SIGNED 8.26.55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE AUG. 27 1955		24c. NAME OF CEMETERY OR CREMATORY New Picker	
24d. LOCATION (City, town, or county) ST. LOUIS MO		24e. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. AUG 26 1955		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter		ADDRESS 2906 Marion	

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 *Leo J. Budde*.....

Licensed Embalmer No. *396*.....

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.