

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21928**
Registrar's No. **5315**

FILED JUN 20 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 3 WKS	c. CITY OR TOWN BARNHART
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERN HOSPITAL		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) BARNHART		0501	
3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) LOUISE c. (Last) KERR			4. DATE OF DEATH (Month) (Day) (Year) JUNE 2 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH SEPT. 15, 1883
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	11. BIRTHPLACE (City and State or Foreign Country) ARCADE WIS.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME FREDERICK C. STOLLEUS		13b. MOTHER'S MAIDEN NAME JOHANN I. SADOW	14. NAME OF HUSBAND OR WIFE WILLIAM S. KERR (DEC)
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 ROBERT KERR BARNHART MO
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Left Hip; Generalized Arterio Sclerosis; suffered in fall at Home DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. in Barnhart Missouri	
19a. DATE OF OPERATION May 9 1956		19b. MAJOR FINDINGS OF OPERATION E 904:0	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Barnhart 21 (COUNTY) MO (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9 56 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? OSD	
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 6:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert Kerr (Design or title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/4/56
24. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 5, 1956	24c. NAME OF CEMETERY OR CREMATORY PEVELY LUTHERN CEMETERY	24d. LOCATION (City, town, or county) (State) PEVELY MO
DATE REC'D BY LOCAL REG. JUN 4 1956	REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME IMPERIAL MO ADDRESS	

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

AUG 1 1958

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 *Arthur W. Hertig*.....

Licensed Embalmer No. *3872*.....

P. O. Address *Imperial, Ind.*.....

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.