THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 6348 Registrar's No. 1154

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DePaul Hospital — Length of stay in 1b 6 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson 4119 — Inside Limits Yes ☐ # No ☐
d. STREET ADDRESS (If outside, give location) 322 Plaza Ave. — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: William Middle: Valintine Last: Kerner

4. DATE OF DEATH Month Day Year: Feb. 3, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 14, 1892

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Clerical

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Julius Kerner

14. MOTHER'S MAIDEN NAME: Lena Stumpf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 488-01-5429

17. INFORMANT Address: Helen I. Kerner, Ferguson, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio Sclerotic Heart Disease — unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.0

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 21 Mar 52, to 3 Feb 57 and last saw him alive on 2 Feb 57. Death occurred at 10:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene W. Hall, M.D.

22b. ADDRESS: 116 So Florissant Rd

22c. DATE SIGNED: 4 Feb 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 2/6/57

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: WHITE CHAPEL, FERGUSON, MO.

25. DATE RECD. BY LOCAL REG.: FEB 5 '57

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elena Province

Licensed Embalmer No. 34

P. O. Address Jennings

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.