

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

148888

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No.

3889

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|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Desloge Hospital | | | Length of stay in lb 2-wks. | | STREET ADDRESS (If outside, give location) 4366 Lindell Blvd. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Charles E. Kearns | | | | 4. DATE OF DEATH Month Day Year April 23, 1957 | | | |
| 5. SEX M. | | 6. COLOR OR RACE W. | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Mar. 26, 1892 | |
| 9. AGE (In years last birthday) 65 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg. Kearns Bros. Garment Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Mfg. Kearns Bros. Garment Co. | | 11. BIRTHPLACE (City and state or country) Alton, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13. FATHER'S NAME Owens Kearns | | | | 14. MOTHER'S MAIDEN NAME Ada Dallwigk | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1 | | 16. SOCIAL SECURITY NO. 342-09-8858 A | | 17. INFORMANT Address Mrs. Emma Kearns, 4366 Lindell Blvd. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS RT LENTICULOSTRIATE ARTERY DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Emphysema Obstructive. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 30A. 10 YRS. |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 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 1-14-55 to 4-23-57 and last saw him alive on 4-23-57 Death occurred at 9:15 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Name or title) Herbert C. Luetkus | | 22b. ADDRESS 50 P. N. Grand | | 22c. DATE SIGNED 4/23/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 25, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 23d. LOCATION (City, town, or county) (State) Alton, Illinois | |
| 24. FUNERAL DIRECTOR Arthur J. Donnelly | | ADDRESS 3840 Lindell Blvd. | | 25. DATE RECD. BY LOCAL REG. APR 23 '57 | | 26. REGISTRAR'S SIGNATURE Carl Smith MO m86 | |

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 causally related. Coroner cannot certify to a death due to natural causes.

300
1-56

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 *me*..... Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. *40*

P. O. Address *3840*

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.