

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30398**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 690		Registrar's No. 1877			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		c. LENGTH OF STAY (In this place) 43 years		c. CITY OR TOWN Brentwood 4511		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8814 West Pine				e. STREET ADDRESS (If rural, give location) 8814 West Pine					
3. NAME OF DECEASED (Type or Print) WILLIAM J. KERSENBROCK			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH July 26, 1957				(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 9, 1880		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Steamfitter		11. BIRTHPLACE (City and State or Foreign Country) Crete, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Herman Kersenbrock			13b. MOTHER'S MAIDEN NAME Emma Hengler			14. NAME OF HUSBAND OR WIFE Jennie Kersenbrock			
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. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jennie Kersenbrock, 8814 West Pine				
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) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction, old DUE TO (c) Arteriosclerosis general II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 11 weeks estimated 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?					
22. I hereby certify that I attended the deceased from Aug. 2, 1936 , to July 26, 1957 , that I last saw the deceased alive on July 23, 1957 , and that death occurred at 10:42A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) CH Bockelman M.D.				23b. ADDRESS 2615 Brentwood Blvd			23c. DATE SIGNED 7/27/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/29/57		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.			
DATE REC'D BY LOCAL REG. 7-29-57		REGISTRAR'S SIGNATURE Hubert R. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Zopp		ADDRESS Kirkwood Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Francis J. Weyland Jr.*.....
Licensed Embalmer No. *457*.....

P. O. Address *Richmond*.....

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.