

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008226
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 332

300
-57

1. PLACE OF DEATH a. COUNTY <i>St. Louis County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Richmond Heights</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Mary's</i>		d. STREET ADDRESS (If outside, give location) <i>1105 Central</i>	
3. NAME OF DECEASED: (Type or print) <i>Josephine (Josie) Kern</i>		4. DATE OF DEATH Month <i>2</i> Day <i>2</i> Year <i>'58</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9/30/1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>dressmaker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>self</i>	11. BIRTHPLACE (City and state or country) <i>California</i>
13a. FATHER'S NAME <i>Charles Kern</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Arnold</i>	14. NAME OF HUSBAND OR WIFE <i>- None</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Miss Agnes Kern 1105 Central</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Skull fracture on the right side of the head and bilateral hemorrhage of the skull as a direct result of a fall</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>902.0</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <i>Fell from kitchen chair while reaching for an article from a shelf above her, striking her head on the floor</i>	
20c. TIME OF INJURY Hour <i>12:30</i> Month <i>2</i> Day <i>2</i> Year <i>58</i> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>kitchen of home of</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis (City) Mo.</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond H. Hain, Coroner</i>		22b. ADDRESS <i>Clayton, Mo.</i>	
22c. DATE SIGNED <i>2/5/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2/6/58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>		23d. LOCATION (City, town, or county) (State) <i>St. Genevieve Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Jos. A. Howard 1619 So. Grand</i>		25. DATE RECD. BY LOCAL REG. <i>2/4/58</i>	
		26. REGISTRAR'S SIGNATURE <i>Herbert R. Donke MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms or signs of disease in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

gn.

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo.*

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.