

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045902

STATE FILE NUMBER

XC-3534600

SI 18566

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12521

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST LOUIS, MO.		c. CITY OR TOWN MANCHESTER 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		d. STREET ADDRESS ROUTE #1 10 WEIDMAN RD	
Length of stay in 1b 13 DAYS		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT FISH KERN			4. DATE OF DEATH Month Day Year DECEMBER 24, 1958			
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/18/10	9. AGE (In years last birthday) 48	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) CAB DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MT. CARMEL, ILL. 1		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME EDWARD L. KERN		13b. MOTHER'S MAIDEN NAME ALICE FISHER		14. NAME OF HUSBAND OR WIFE Ona	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year and dates of service) YES WW-II		16. SOCIAL SECURITY NO. 381-09-5172		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER OF ESOPHAGUS WITH WIDESPREAD METASTASES			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		150 x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE WORK 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. <input checked="" type="checkbox"/> attended the deceased from 12-11-58 to 12/24/58 and last saw him alive on 12-24-58		Death occurred at 10:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. SILBERT (Degree or title) M. D. 0		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 12/24/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-26-58		23c. NAME OF CEMETERY OR CREMATORY Spencer Heights Cemetery		23d. LOCATION (City, town, or county) (State) Mounds, Illinois	
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24. FUNERAL DIRECTOR ADDRESS Berbling Funeral Home Cairo, Ill		25. DATE RECD. BY LOCAL REG. DEC 26 58		26. REGISTRAR'S SIGNATURE Paul Smith MD m & B	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 1 4 1959

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 *W E Morris* .....

Licensed Embalmer No. *3360* .....

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.