

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011665
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 543 Registrar's No. 772

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 OR TOWN Jennings (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jennings 41380 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2520 McLaran		d. STREET ADDRESS 2520 McLaran (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle A. Last Kerkmann		4. DATE OF DEATH Month Mar. Day 20, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1879
9. AGE (In years ^{of birthday}) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab. Technician	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab. Technician		10b. KIND OF BUSINESS OR INDUSTRY Mayer Bros.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry J. Kerkmann		13b. MOTHER'S MAIDEN NAME Margaret Schnaus	14. NAME OF HUSBAND OR WIFE NONE
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. 497-01-9054	17. INFORMANT Address Martha Kerkmann 7626 Natural Bridge
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 thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral malacia DUE TO (c) Arteriosclerotic Cardio-vascular disease unknown			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 28, 1957 to March 20, 1959 and last saw her ^{him} alive on 3-16-59 Death occurred at 5:17 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lewis Littmann, MD (Degree or title)		22b. ADDRESS 8231 Clayton Rd (17)	
22c. DATE SIGNED 3/21/59		22d. (State)	
23a. DATE 3/24/59		23b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23c. LOCATION (City, town, or county) St. Louis, Mo.		23d. (State)	
24. FUNERAL DIRECTOR Chas. F. Stuart ADDRESS 1225 Union		25. DATE RECD. BY LOCAL REG. 3-23-59	
26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lawrence O. Herling*

Licensed Embalmer No. *4979*.....

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.