URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033965

FILED OCT 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8993 STATE FILE NUMBER

IENDED

10/22/59

DOCUMENT Baptism record dtd 7/15/1894

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BY AFFIDAVIT OF Informant

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1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3016 Elliott
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3016 Elliott
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Edward Middle: M. Last: Kern

4. DATE OF DEATH: Month 9 Day 28 Year 59

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: March 7 ~~1893~~ 1894

9. AGE (last birthday): ~~66~~ 65
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired--Paper Bag

10b. KIND OF BUSINESS OR INDUSTRY: Cutter-Fulton Bag

11. BIRTHPLACE (City and state or country): St.Louis Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jacob Kern

13b. MOTHER'S MAIDEN NAME: Louise Kammer

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 489-03-9031

17. INFORMANT: Oliver Kern Address: 3016 Elliott Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): carcinoma, lesser curvature of the stomach with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 May 13, 1954, to Sept. 28, 1959 and last saw him alive on Sept. 24, 1959
Death occurred at Sept. 28 7:12 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William H. Grundmann, M.D.

22b. ADDRESS: 634 N. Grand Bl., St. Louis 3

22c. DATE SIGNED: 9/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10/1/59

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Robert D. Kinealy ADDRESS: 2228 St.LouisAve.

25. DATE RECD. BY LOCAL REG.: SEP 30 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed V E Morris

Signature of Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.