

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-037467**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5296 Registrar's No. 61

AMENDED

**FILED OCT 24 1961**

DATE AMENDED: 1/3/62, 1/3/62, 1/3/62  
 INSTEAD OF: Married & Betty Brumback Kerr - Divorced & None  
 SHOULD READ: 7 & 14 Married & Betty Brumback Kerr - Divorced & None  
 BY AFFIDAVIT OF: 11 & 23b Piedmont & Gadsden  
 DOCUMENT: Alabama City & Gadston  
 MEDICAL CERTIFICATION: Amedia Prichett  
 Informant: Amedia Prichett  
 Marriage License

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Valle</b>		c. CITY OR TOWN <b>St Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hy 21 S. of Desoto</b>		d. STREET ADDRESS (If outside, give location) <b>4109 Magnola</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Walter Douglas Kerr</b>		4. DATE OF DEATH Month Day Year <b>Oct 21 1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/25/23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		11. BIRTHPLACE (City and state or country) <b>Piedmont, Alabama City, Ala</b>	
13a. FATHER'S NAME <b>John A. Kerr</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Brumback Kerr</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. 2</b>		17. INFORMANT <b>John A. Kerr</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carbon Monoxide Poisoning</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <b>Faulty Exhaust on Auto</b>	
20c. TIME OF INJURY Hour a.m. <b>4:00</b> Month, Day, Year <b>10-20-61</b>		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.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Valle - Jeff Mo.</b>	
21. I attended the deceased from <b>Coroner's View</b> and last saw her/him alive on <b>4:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James Robert Mc. Crane</b>		22b. ADDRESS <b>Festus, Mo.</b>	
22c. DATE SIGNED <b>10-22-61</b>		23. NAME OF CEMETERY OR CREMATORY <b>CRESTWOOD</b>	
23a. BURNAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>10/22/61</b>	
24. FUNERAL DIRECTOR <b>MAHN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 22, 1961</b>	
26. REGISTRAR'S SIGNATURE <b>Marius Harris</b>		23d. LOCATION (City, town, or county) (State) <b>GADSDEN ALA</b>	

VS JAN 3 1962

NOV 8 1961

OCT 31 1961

FEB 21 1963

FEB 15 1962

DEC 8 1961

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 Serald J. Madri

Licensed Embalmer No. 4975

P. O. Address De Soto, Ga

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.