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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 24 1942  
791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4128 Grove Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4128 Grove Street 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles F. Kerls

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male (D) 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Kerls

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 19 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Prop. of Confectionery

11. Industry or business \_\_\_\_\_

12. Name Charles Kerls

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Feldbusch

15. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

18. (a) Informant Mrs. Clara Kerls (Wife)

(b) Address 4128 Grove Street

17. (a) Burial (b) Date thereof 1/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) JAN 21 1942 (b) J. F. Bradock  
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th  
year 1942 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 12/15, 1939, to 1/20, 1942; that I last saw him alive on 1/13/42, and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Embolism

Due to Diabetes Mellitus 3yr

Due to Nephritis 10yr

Other conditions 601

Major findings: Of operations \_\_\_\_\_

Of autopsy 57

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature J. M. ... (M. D. or other) \_\_\_\_\_  
Address ... 13th Date signed 1/21/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—S

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed: Guy W Wilkinson

Licensed Embalmer No. 2575

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.