

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6538**
Registrar's No. **1449**

Registration District No. **318** Primary Registration District No. **1003**

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:
St. Louis Car Co. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME..... **Gust Kerls**
3. (b) If veteran, name war..... **World #1**
3. (c) Social Security No. **490-03-3632**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **October 26, 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 14 hr. min.

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

10. Usual occupation **Maintenance man**

11. Industry or business.....

MOTHER FATHER
12. Name..... **William Kerls**
13. Birthplace..... **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry W. Kerls**

(b) Address **854 Elias Ave**

17. (a) **Burial** (b) Date thereof **2/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc.**

(b) Address **2161 East Fair Ave**

19. (a) **FEB 12 1947** (b) **J. F. Bradley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **854 Elias Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **10,**
year **1947** hour **11:10 AM** minute **M.**

21. I hereby certify that I attended the deceased from **Nov. 1945** to **Feb 1947**
that I last saw him alive on **2-9** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Arteriosclerosis & Hypertension & Chronic Edema**
Due to **Coronary Arteriosclerosis**
DIABETES MELLITUS

Other conditions (Include pregnancy within 3 months of death) **U1**

Major findings: Of operations.....
Of autopsy.....

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?

23. Signature **J. F. Bradley** (M. D. or other) **0**
Address **8201 N. Parkway** Date signed **2/13/47**

Duration
Underline the cause to which death should be charged statistically.
PHYSICIAN

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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 this body is not embalmed, fact should be so stated above.