WAR 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6208

File No. .....

Registered No. 52

1. PLACE OF DEATH

County St. Louis Registration District No. 785

Township .... Primary Registration District No. 3037

City Kirkwood (No.) 4447 N. Harrison Ave St. .... Ward)

2. FULL NAME John F. Kessler

(a) Residence (Usual place of abode) No. .... St., ... Ward. .... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Kessler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	6	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .... (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Louis Kessler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Emma Goldman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .... (STATE OR COUNTRY) Germany

14. INFORMANT Mary A. Kessler (Address) Kirkwood Mo.

15. FILED 3/9, 19 30 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1930 to Feb 18, 1930 that I last saw ~~him~~ alive on Feb 18, 1930, and that death occurred, on the date stated above, at 8.05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of brain

82 A

97 (duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 3 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ....

DID AN OPERATION PRECEDE DEATH? No DATE OF ....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Henry Hanson, M. D.

Feb 19, 1930 (Address) Kirkwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ballwin Mo. DATE OF BURIAL Feb 21 1930

20. UNDERTAKER Louis H Bepp ADDRESS Kirkwood Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.