WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

11372

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 87
City Kirkwood (No. 130 W. Washington Ave St. Ward)

2. FULL NAME Mary A. Kessler
(a) Residence. No. 130 W Washington Ave St., Ward.
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John F Kessler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 10 - 1857

7. AGE: YEARS 73 — MONTHS 5 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Ludwig Donges
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Albert Kessler
(Address): Kirkwood Mo.

15. FILED 3/23 1931 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to March 22, 1931, that I last saw her alive on March 22, 1931, and that death occurred, on the date stated above, at 9.58 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Broad Ligaments and descending colon
Acc
45C
45F (duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Metathesis to the throat (duration) yrs. mos. 7 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) H. Hanson, M. D.
March 23, 1931 (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 Missouri — DATE OF BURIAL: Mar 25 1931

20. UNDERTAKER: Louis H. Bopp — ADDRESS: Kirkwood Mo.