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

Do not use this space.

11860

File No. 3097

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Jewish Hospital St. Ward)

2. FULL NAME Morris Kelser or Kessler

(a) Residence. No. 5507 a Easton ave St., 27 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-4 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
14	—	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(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) Russia

PARENTS

10. NAME OF FATHER Harry - Kessler

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

12. MAIDEN NAME OF MOTHER Eva Becker

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

14. INFORMANT Harry Kessler
(Address) 5507 a Easton

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/10/31 19

17. I HEREBY CERTIFY, That I attended deceased from 3/7, 1931; to 3/10/31, 19, that I last saw him alive on 3-10-31 19, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tumor of brain (cerebellum)
Malignant
53C
1 1 2 3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) P. O. Shock
Nem (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/10/31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Previous Op.

(Signed) C. E. Ehrlich, M. D.
3/10, 1931 (Address) Jewish Hosp.

*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	DATE OF BURIAL
Chevrad Shel Emeth	Mar 11 1931
20. UNDERTAKER	ADDRESS
Oxenhandler & J.	4832 Easton

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.

WRITE PLAINLY WITH INDIAN INK—THIS IS A PERMANENT RECORD