

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

Do not use this space.

17274

1. PLACE OF DEATH

County St Louis
Township Bonhomme
City Kirkwood (No. 701 Evans Ave.)

Registration District No. 285
Primary Registration District No. 6031

File No. _____
Registered No. 90
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 701 Evans Ave. St. Kirkwood Mo.
(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 M 4. COLOR OR RACE A. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-16-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
54 6 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter 29
(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) Mo

10. NAME OF FATHER Alex Kessler

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

12. MAIDEN NAME OF MOTHER Katy Bopp

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

14. INFORMANT Anna L. Kessler
(Address) 701 Evans Kirkwood

15. Filed 5/13 1932 by C. C. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1932 to May 12 1932 that I last saw him alive on May 12 1932 and that death occurred, on the date stated above, at 2:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Myocarditis
9:30 (duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 6 yrs. 6 mos. 0 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 Chemical & physical

(Signed) Lucas Chas Ratter, M. D.

, 19 32 (Address) 2603 Cherokee St

*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

St Lucas Cemetery 5/15 1932

20. UNDERTAKER ADDRESS

Louis H Bopp Kirkwood Mo

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.

JUN 27 1932

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