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

Do not use this space.

34201

File No.
Registered No. 181

1. PLACE OF DEATH
County St Charles Registration District No. 757
Township Primary Registration District No. 3036
City St Charles (No. 423, South Main St. Ward)

2. FULL NAME Laura Keseling
(a) Residence, No. 423 South Main 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.

NOV 10 1933

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 Louis Keseling.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 8-1863

7. AGE: Years 70, Months 9, Days 7. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County Mo.

FATHER
13. NAME Bernard Kenne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Catherine Faerber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Irvin L. Keseling 423 S. Main St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Oct 18 1933

19. UNDERTAKER (ADDRESS) W. Dallmeyer & Son 600 800 N. 2nd St. St Charles Mo

20. FILED 10/18 10/18 1933 Clarence G. Nessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Oct 15, 1933
I last saw her alive on Oct 15, 1933 Death is said to have occurred on the date stated above, at 4.35 P.m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
131	Cerebral Hemorrhage due to Gen Art Sclerosis	Oct 13.
	General Art sclerosis.	5 yrs +
	Chr. nephritis.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Symptoms Symp. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. P. Erich Schulz, M. D.
(Address) St Charles 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.