

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City *St. Louis* (No. *# 3608 Nebraska*) St. Ward)

File No. **14271**
 Registered No. **3441**

2. FULL NAME

(a) Residence, No. *Henry Kessler*
 (Usual place of abode) *Maxville, Maxville County, Mo.*
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Mal* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 5* 19*34*

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

22. I HEREBY CERTIFY, that I attended deceased from *March 29* 19*34* to *April 5* 19*34*.
 I last saw him alive on *April 5* 19*34*. Death is said to have occurred on the date stated above, at *3:30 a.m.*
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 21 1853*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *80 5 14*

Acute Interstitial Nephritis - duration unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*
 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.....

Senile condition also had aged
 Other contributory causes of importance:
arteriosclerosis - duration - 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

Name of operation Date of
 What test confirmed diagnosis? *Physical* Was there an autopsy? *no*
Chemical findings

MOTHER / FATHER 13. NAME *Mike Kessler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Kubner*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Wm Kessler* (ADDRESS) *Maxville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maxville Mo* DATE *Apr 7 34*

19. UNDERTAKER *Fenchel Med Co* (ADDRESS) *7819 N. 1st St*

20. FILED *J. J. Brudeck* Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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?
 If so, specify *no*
 (Signed) *W. H. Waster* M. D.
 (Address) *3608 Standard Bldg*

RECORDS IN THIS FILE MAY BE PROPERLY CLASSIFIED. EXACTS.

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#2
St. Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Henry Reasler

Who died at _____ on Apr 5 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 80 Months 5 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Principal cause of death: ac Intest ruptures
Date-deceased-last-worked-at-this-occupation: Month _____ Year _____

Birthplace-(State-or-country): Senile contraction and

Birthplace-of-father-(State-or-country): bad cold

Birthplace-of-mother-(State-or-country): _____

Principal cause of death: Fall severe cold

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ 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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. W. Walters

Address of physician 3608 8th St. St. Louis, Mo

Signature of Registrar J. P. Debeck 9-5-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,
E. T. McLaughlin
S.A.

Primary Reg. Dist. No. 1003

Special Agent.

