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.

100M-11-24-33

MAR 1 1935

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

Do not use this space.

2739

1. PLACE OF DEATH
County St. Louis — Registration District No. 787 — File No. 13
Township Meremac — Primary Registration District No. 6032 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Adam Kesselring
(a) Residence, No. Glencoe, Mo St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Kesselring
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1870
7. AGE YEARS 64 MONTHS 1 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Henry Kesselring
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Louisa Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg, Mo.

17. INFORMANT (ADDRESS) Mrs. Emily Kesselring Glencoe, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Paffrath Cem. Fox Creek, Mo DATE Jan. 27 1935
19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.
20. FILED Jan 25 1935 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1935 to Jan 24, 1935
I last saw him alive on Jan 24, 1935 Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilitation — Date of onset 1/24/35
Other contributory causes of importance: Anoxia Myocarditis
Name of operation None Date of ✓
What test confirmed diagnosis? Physical Dr. Was there an autopsy? no
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? no
If so, specify
(Signed) B. G. Haussmann, M. D.
(Address) Grover, Mo

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