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 3 1935

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

Do not use this space.

14063

1. PLACE OF DEATH County Asylumn
County St. Charles — Registration District No. 757
Township St Charles — Primary Registration District No. 5998
City St. Charles (No. ..., ... St. ... Ward)

File No. ...
Registered No. 45

2. FULL NAME George W. Kestler
(a) Residence, No. County Asylumn of St. St. Charles, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Julia Stroud Kestler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1873

7. AGE: Years 61 — Months 9 — Days 19 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --retired--
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) 27 years ago
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (CITY OR TOWN) St. Charles, (STATE OR COUNTRY) Missouri

FATHER
13. NAME Wilson Kestler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mathilda Phelps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Roland H. Kestler (ADDRESS) Columbia, Missouri.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oak Grove Cem. DATE April 10, 35

19. UNDERTAKER Steinbrinker Undertaking Co. (ADDRESS) St. Charles, Mo.

20. FILED 4/10, 1935 Clarence E. Kessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 8, 1935. I last saw him alive on April 7, 1935. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

Intestinal Flux — Date of onset April 1, 1935

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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 ...
(Signed) T. N. Hardyne, M. D.
(Address) St. Charles, Mo.