WHITE 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.

DEC 12 1935

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

Do not use this space.

37442

1. PLACE OF DEATH
County [illegible] Registration District No. 791 File No. 9407
Township Primary Registration District No. 1003 Registered No.
City St. Louis (No. Alexian Bros St. Ward)

2. FULL NAME Anthony Kessels
(a) Residence, No. St., N R Ward. Glencoe, 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. 5 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-25-1862
7. AGE YEARS 73 MONTHS 7 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

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. Own farm
10. Date deceased last worked at this occupation (month and year) 1905
11. Total time (years) spent in this occupation 25

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

FATHER
13. NAME John J. Kessels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Caroline Akers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Herman Kessels Glencoe, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Kessels Private Cem. Pond, Mo. DATE Nov-10-1935
19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.
20. FILED NOV -9 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-8-1935
22. I HEREBY CERTIFY, That I attended deceased from No 4 — 1935 to Nov 8 — 1935
I last saw him alive on Nov 7 1935. Death is said to have occurred on the date stated above, at 7:32 A m.
The principal cause of death and related causes of importance were as follows:
Uremia from Chronic Nephritis
131
Date of onset
Other contributory causes of importance:
Hypertrophy of Prostate; None
Name of operation Date of
What test confirmed diagnosis? Clinical 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) Neil S. Moore, M. D.
(Address) 7 Mg Prisco Bldg.

Dr Neil Moore
Fresco Bldg.