

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

Do not use this space.

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30
9

6. PLACE OF DEATH

County.....

Township.....

City.....

B. 15027 Fred Kessler

2. FULL NAME

(a) Residence, No. 4361 Laclede St., 19 Ward. 1
(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.

Feb 8 1937 791

Registration District No.

Primary Registration District No. 1003

City Hospital No. 1

File No. 3972

Registered No. 1012

St. Ward)

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 *Widow*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil 262

9. Industry or business in which work was done, as at saw mill, bank, etc. *unemployed*

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) Germany 10

13. NAME *Frederick*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME *Widow*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT *Hosp. Info. H. H. Kent*
(ADDRESS) *City Hospital No. 1*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valley View* DATE *Jan 23 1937*

19. UNDERTAKER *Mullen Bros*
(ADDRESS) *4237 Grand*

20. FILED *2 10 37*
J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16/37 19

22. I HEREBY CERTIFY That I attended deceased from 1/16/37, 19, to 1/16/37, 19.

I last saw him/her on 1/16/37, 19. Death is said

to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

Degenerative heart disease

Other contributory causes of importance: *g. g.*

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) *G. J. Scholtz*, M. D.

(Address) *City Hospital No. 1*

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.

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