

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*

Registration District No. **791**

Township

Primary Registration District No. **1003**

City *St. Louis* (No. *St. Johns Hospital*)

File No. **10283**

Registered No. **2852**

2. FULL NAME *Mary Louise Kessel*

(a) Residence, No. *Opdyke Ill* St. *11R* Ward. *Opdyke Ill*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. **7** ds.

How long in U. S., if of foreign birth

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm. H Kessel*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 27 1919*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
17 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own home*
10. Date deceased last worked at this occupation (month and year) *Dec 23 1936* 11. Total time (years) spent in this occupation *1 yr*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *East St. Louis Illinois*

FATHER 13. NAME *Wm. J. Kramer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *East St. Louis Ill.*

MOTHER 15. MAIDEN NAME *Josephine Douglas*

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

17. INFORMANT (ADDRESS) *Michael Kramer 1121 Lake Ave Eschbain*

18. BIRTH, CREATION, OR REMOVAL PLACE *East St. Louis* DATE *3/13* 1937

19. UNDERTAKER (ADDRESS) *Walsh Funeral Home 701 1/2 East 8th Ave St. Louis*

20. FILED **MAR 13 1937** *J. T. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/12** 1937

22. I HEREBY CERTIFY, That I attended deceased from *Mar 5* 1937, to *Mar 12* 1937

I last saw her alive on *Mar 12* 1937, Death is said to have occurred on the date stated above, at *11 P. M.*

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

Nephritis bilateral non-calculous caused by pregnancy. Date of onset *Dec 36*

Other contributory causes of importance: *pregnancy* *Bacterial Endocarditis* *46* *Aug 36* *?*

Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *Gregson Corvill* M. D. (Address) *608 Humboldt Bldg*

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.

*Carroll
Hess*

MAR 21 1950