

REC'D SEP 14 1938

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

27159

Do not use this space.

7173

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis

Registration District No. 191
Primary Registration District No. 1008

Registered No. 7173

(d) Street No. DePaul Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

246 Annie Kessler
(a) Residence, No. 4930 No. Broadway St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles E. Kessler</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18, 1893</u> | | |
| 7. AGE | YEARS <u>54</u> | MONTHS <u>10</u> |
| | DAYS <u>24.</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u> | |
| | 10. Date deceased last worked at this occupation (month and year)..... | 11. Total time (years) spent in this occupation..... |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u> | |
| | 13. NAME <u>George Lauth</u> | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg Penn.</u> | |
| | 15. MAIDEN NAME <u>Mary Brady</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Charles E. Kessler 4930 No. Broadway</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Aug. 16</u> 19 <u>38</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Math. Hermann & Son 2161 E. Fair Ave.</u> | | |
| 20. FILED <u>AUG 13 1938</u> <u>J. F. Brueck</u> Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Aug 12, 1938
I last saw h. alive on Aug 11, 1938. Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:

Primary Acute Nephritis and Myocarditis following heat prostration
Date of onset 8/8/38

Other contributory causes of importance:

Heat Prostration (not a heat stroke) 30
Date of onset 8/10/38

Name of operation..... none Date of.....
What test confirmed diagnosis?..... none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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..... X
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) William T. Hurd, M. D.
(Address) 35100 N. Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision

Signed.....

Licensed Embalmer No. *2967*

P. O. Address *2461 E. Fair*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.