

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

34125  
 Do not use this space.

ESP NOV 16 1938

**1. PLACE OF DEATH**

(a) County ..... 1 Registration District No. **791**  
 (b) Township ..... 1 Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **Jewish Hosp. 1003** Registered No. **9111**  
 (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** **d46 Mollie Kessler**

(a) Residence, No. **5033a Cates** St. **12** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Maurice Kessler** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8, 1909**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**28 10 10**

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri** **6**

FATHER 13. NAME **Morris Schwartz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R.** **7**

MOTHER 15. MAIDEN NAME **Bessie Shore**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R.** **7**

17. INFORMANT **Maurice Kessler** (ADDRESS) **5033a Cates**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **10/20** 1938

19. FUNERAL DIRECTOR **H. B. Berger** (ADDRESS) **4715 McPherson**

20. FILED **OCT 19 1938** **J. J. Bredeck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/18** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **5/3/35**, 19, to **10/18**, 1938

I last saw her alive on **10/18**, 1938 Death is said to have occurred on the date stated above, at **11:05 PM**

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

**Pemphigus Vulgaris**  
**107**  
 Other contributory causes of importance:  
**Pulmonary Edema and Terminal Bronchopneumonia**

Name of operation **None** Date of  
 What test confirmed diagnosis? **Pels** 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 **No**, 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) **Clinton N. Lane** M. D.  
 (Address) **626-31 Metropolitan Bld**

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.

STATEMENT BY LICENSED EMBALMER

I, H.I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1597

**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.)**