

63  
 JAN 17 1939

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

41125

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1008  
 (c) City St. Louis (d) Street No. City Hospital #1 Registered No. 10817  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Elizabeth Kestler

(a) Residence, No. 2701 Osceola St. St. 15 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late John Kestler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 About 80 - -

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. Housewife  
 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

FATHER 13. NAME Unknown Glatenier

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Eugene Kestler (ADDRESS) 2701 Osceola St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 12-19 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4104 Manchester Ave.

20. FILED J. D. Brubaker Local Registrar

NON-MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Fractured Skull, Subdural Hemorrhage of the Brain; suffered when she fell down the basement steps at her home 2701 Osceola Street, on Dec. 16, 1938 at about 6:00 A.M.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 12/16/38

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury 4 See Above

Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Alfred J. Perry M.D.

\_\_\_\_\_  
 (Address) \_\_\_\_\_

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 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 Edmund M. Bennett  
Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

**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.**