

DEC'D MAR 13 1939

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

4522  
Do not use this space.**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **3737 O'Meara Ave.** Registered No. **1215**  
 (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** **Charles W. Koessel**

(a) Residence, No. **3737 O'Meara Ave.** St. **15**  
 (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 **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 **Mary Koessel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28, 1853**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**85**      **8**      **7**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Paper Hanger**  
 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) (STATE OR COUNTRY) **St. Louis**13. NAME **Charles W. Koessel**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Christiana Dueker**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Paul Kaelin**  
(ADDRESS) **3737 O'Meara Ave.**18. BURIAL, CREMATION, OR REMOVAL  
PLACE **S.S. Peter & Paul** DATE **Feb. 8, 1939**19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle**  
(ADDRESS) **2331 S. Broadway**20. FILED **FEB 7 1939** **J. B. Buelch** Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 5, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 24<sup>th</sup>**, 19**38**, to **February 5<sup>th</sup>**, 19**39**  
 I last saw him alive on **February 5<sup>th</sup>**, 19**39**. Death is said to have occurred on the date stated above, at **4:10 P. M.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis**      Date of onset **3 mo.**

Other contributory causes of importance:

**General Arterio-Sclerosis**

Name of operation **None** 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?..... 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) **J. Julius Otto Rotta**, M. D.  
 (Address) **3603 Cherokee St.**

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,

*Robert C. Wheeler*

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed *Robert C. Wheeler*

Licensed Embalmer No. *2128*

P.O. Address *St. Louis, Mo.*

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.