

65 JUN 12 1939

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

17314  
Do not use this space.

791

1003

4848

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. City Hospital #1 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 Charles E. Kesler

(a) Residence, No. 6496 Dale Ave. St. 4  
(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 Elsie Kesler  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1873  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 16

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) Beardstown  
(STATE OR COUNTRY) Ill.

FATHER  
13. NAME Felix Kesler

14. BIRTHPLACE (CITY OR TOWN) Beardstown  
(STATE OR COUNTRY) Ill.

MOTHER  
15. MAIDEN NAME Henretta Cool

16. BIRTHPLACE (CITY OR TOWN) Beardstown  
(STATE OR COUNTRY) Ill.

17. INFORMANT Elsie Kesler  
(ADDRESS) 6496 Dale

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE May 29, 1939

19. FUNERAL DIRECTOR Groghan Undertaking Co. Inc.  
(ADDRESS) 7146 Manchester

20. FILED MAY 29 1939  
J. F. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:50 A.M.  
The principal cause of death and related causes of importance were as follows:

Cardiac Asthma  
Cardiac Hypertrophy

Other contributory causes of importance:  
95 lbs

Name of operation \_\_\_\_\_ 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?  
If so, specify \_\_\_\_\_  
(Signed) W. H. Perry M.D.  
(Address) W. H. Perry

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565

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

..... L. E. ....

No..... or by.....; Registered Apprentice No.....

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

**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.)**