

Y 10 1939

REC'D JUN 8 1939

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

19730
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis County, Mo. Registration District No. 784
 (b) Township..... Primary Registration District No. 200 Registered No. 852
 (c) City Jennings (d) Street No. 2520 McLaran Elm's Conv Home 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 Mrs. Bertha Kesselring

(a) Residence, No. 4675 Allemania St. (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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Kesselring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2nd, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. min.
<u>72</u>	<u>2</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household

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) Gumbo (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Samuel Albrecht
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mr. John Kesselring (ADDRESS) 4675 Allemania

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE May 10, 1939

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED MAY 9 1939 D. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. 2/5 HEREBY CERTIFY, That I attended deceased from 126, to 5-8-39, 19...
 I last saw h.w. alive on 5-5, 19...39 Death is said to have occurred on the date stated above, at 3:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Arteriosclerosis & hypertension
Myocardial infarction
Chronic bronchitis
59
 Other contributory causes of importance:
Cerebral hemorrhage (top of left) 8/29/38

Date of onset

Name of operation Tum. G. Date of.....
 What test confirmed diagnosis? Lab. Was there an autopsy?.....

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) 3115....., M. D.
 (Address) 5 L. Ave.

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.

Dr. J. H. Bunker
3115 S. ...
(Business Bldg)

2-3

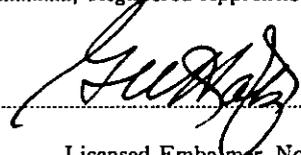
STATEMENT BY LICENSED EMBALMER

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. 3737

P. O. Address 1936 W. ...

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.