DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23738

Registration District No. 791

Primary Registration District No.

Registrar's No. 6011

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7201 Lansdowne (Filling Station
River des Peres & Lansdowne
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles H. von Kessel

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethelynn

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 16, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	21	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Organizer

11. Industry or business Owl Lodge

FATHER
12. Name Karl Von Kessel
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mrs Ethelynn von Kessel
(b) Address 5200 Harper, Chicago, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/39 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) (Date received local registrar) (b) J. F. Bordeak (Registrar's signature)

JUL 8 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1939 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture of right leg, Broncho Pneumonia, suffered as a result of an explosion in Filling Station at 7209 Lansdowne Ave. Cause of explosion undetermined. Damage to building as result of explosion and fire $2500.00; Damage to contents $1500.00 Three walls blown out.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

181
35

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence St. Louis, Mo.
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M Quinn (M. D. or other)
Address Deputy Coroner Date signed 7/7

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A Reich

Licensed Embalmer No. 3612

P. O. Address 2301 Lafayet

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.