

NOV 13 1939

791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

8745

1. PLACE OF DEATH: **1003**

(a) County St. Louis **2**

(b) City or town St. Louis

(c) Name of hospital or institution: 4016<sup>a</sup> California  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St. Louis **15**  
(If outside city or town limits, write "RURAL")

(d) Street No. 4016<sup>a</sup> California  
(If rural, give location)

(e) Marital status Widowed \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward H. Kessen **250**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 31, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 | 1 | 13 | \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_ **0**

MOTHER FATHER

12. Name John B. Kessen **0**

13. Birthplace Mo **0**  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sandrick

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carrie Kessen

(b) Address 4016<sup>a</sup> California

17. (a) Burial (b) Date thereof 10-16-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 6322 S Grand

19. (a) OCT 13 1939 (b) \_\_\_\_\_  
(Date received local Registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13  
year 1939 hour 6 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 Chronic Pleurisy **Duration**  
With Concentric Cardiac Hypertrophy  
Chronic Interstitial Nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Asperthritic Curvature  
(Include pregnancy within 3 months of death)  
gout (Chronic)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 1246

Underline the cause to which death should be charged statistically. 7

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Alfred Perry **11** (M. D. or other) **4**

Address 1141<sup>a</sup> Corner Date signed 10-13-39

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.**