

STANDARD CERTIFICATE OF DEATH

State File No. **12390**

FILED APP 8 1946  
Registration District No. **1584**

Primary Registration District No. **200**

Registrar's No. **619**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Olivette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Oliver + Price Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether)  
In this community 5 years  
years, months or days 2 1/2

3. (a) PRINT FULL NAME FRANKLIN A. KESSELRING

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 W

6. (b) Name of husband or wife Elsie Wagner Kesslering 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 14 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Orrville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Kesslering  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Roth  
15. Birthplace Hamburg Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elsie Kesslering

(b) Address Oliver + Price Rd

17. (a) Burial (b) Date thereof 3-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Luth.

18. (a) Signature of funeral director or Daumann Bros  
(b) Address 2504 Wagon Rd. Overland Park

19. (a) Mar 29 1946 (b) W.R. Meyer MD  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Olivette  
(If outside city or town limits, write "RURAL")  
(d) Street No. Oliver + Price Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1940 hour 6:30 minute AM M.

21. I hereby certify that I attended the deceased from Mar 9 1940 to March 27 1940  
that I last saw him alive on Mar 27 1940  
and that death occurred on the 28 day and hour stated above.

Immediate cause of death Tuberculous pneumonia Duration \_\_\_\_\_

Due to myocarditis  
hypertension etc.

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

Other conditions (include pregnancy within 3 months of death) 108

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN  
Underline the cause to which death should be charged statistically

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 S.P. Keltarian (M. D. or other) \_\_\_\_\_  
Address 7649 Kilmor Date signed 3/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X 1511

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**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 *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 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.**