

No. 2  
1-4-41  
-17-39  
X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **713** Primary Registration District No. **5942** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pulaski - Childershire  
(b) City or town Fort Leonard Wood, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Station Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
(Specify whether years, months or days)  
In this community Three Weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Unknown 50  
(c) City or town Kinnswich  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th  
year 1941 hour 7 minute 30 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive hemorrhage into Gastric-intestinal tract. Duration \_\_\_\_\_  
Due to Toxic Hepatitis

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
125 W

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elmer J. Kestler

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

4. Sex Male 5. Color or race White 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 October 3 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 9 2 hr. min.

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

10. Usual occupation Soldier, U.S. Army

11. Industry or business Co.C First Infantry

12. Name Louis F. Kestler

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah C Unknown

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

16. (a) Informant U.S. Army Records

(b) Address Fort Leonard Wood, Mo

17. (a) Removal (b) Date thereof July 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo

18. (a) Signature of funeral director Low Clerk

(b) Address Rolla Funeral Home - Rolla, Mo

19. (a) July 5, 1941 (b) C. G. Galt  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature A. T. Graham (M. D. or other) M.D.  
Address Fort Leonard Wood, Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

**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

*Low H. Clark*

Licensed Embalmer No. *216*

P. O. Address *Rolla 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, fact should be so stated above.**