

70
No. 2
1-4-41
17-39
X28390

FILED AUG 29 1941 791
Registration District No.

1003
Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution 1 Mo. and 19 Days
(Specify whether

In this community..... 0
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. No Home
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... U

3. (a) PRINT FULL NAME Edward Kestler

3. (b) If veteran, name war..... NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28,
year 1941 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from June
9, 1941 to July 28, 1941
that I last saw h. im alive on July 28, 1941
and that death occurred on the date and hour stated above.

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 FEBRUARY 12 1891
(Month) (Day) (Year)

Immediate cause of death. Carcinoma of stomach Duration

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) H/O

8. AGE: Years 50 Months 5 Days 16 If less than one day
hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name John KESTLER

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH UNK

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Ralston

(b) Address 10 87 S. Taylor av

17. (a) BURIAL (b) Date thereof JULY 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director E. J. Johnson

(b) Address 3128 Lafayette

19. (a) JUL 29 1941 (b) J. P. Bickel
(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?.....

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

23. Signature Joseph E. Von Kamel (M. D. or other) D
Address 1515 Lafayette Ave. Date signed 7/28/41

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

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..... *John B. Vollmer*

Licensed Embalmer No... *4014*

P. O. Address... *3125 La Fayette*

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.