

FILLED NOV 24 1947 91

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **8137**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **About 5 months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **Lennox Hotel - 825 Washington**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **12**
year **1941** hour **10** minute **35** am.
21. I hereby certify that I attended the deceased from **Jan**
1941, 19 to **Oct 12**, 19**41**;
that I last saw him alive on **Oct 12**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac Failure result
of Cancer Generalized
Due to..... **Cancer of sigmoid**
Duration.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations..... **H6**
Of autopsy.....
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 **G. L. Trause** (M. D. or other)
Address **3720 Washington** Date signed **10/22/41**

3. (a) PRINT FULL NAME **Helen Kessell**

3. (b) If veteran, name war..... (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Benjamin Kessell** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Dec. 26, 1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 **9** **16** hr. min.

9. Birthplace **Las Vegas New Mexico**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business.....

12. Name **Sigmund Mahm**

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

14. Maiden name **Etta Cohn**

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

16. (a) Informant **Sam Kessell**

(b) Address **Lennox Hotel**

17. (a) **Burial** (b) Date thereof **10/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Las Vegas New Mexico**

18. (a) Signature of funeral director **Mayer**

(b) Address **4356 Lindell Blvd**

19. (a) **OCT 13 1941** (b) **J. P. Brueck**
(Date received local registrar) (Registrar's signature)

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

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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.....

J. Wm. B. Binkley

Licensed Embalmer No..... 3633

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, fact should be so stated above.