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1003

JAN 24 1942

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Mo. Pacific Hospital**  
(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

3. (a) PRINT FULL NAME **Jacob Kesler**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **702-14-7069**

4. Sex **Male** 5. Color or race **White** 6. (a) Single/widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ona** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Oct. 7 1887**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **2** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Poplar Bluff Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **Mo. Pacific R.R.**

12. Name **Frank Kesler**

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

14. Maiden name **Katie Kern**

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

16. (a) Informant **Mrs. Ona Kesler**

(b) Address **Poplar Bluff, Mo.**

17. (a) **Removal** (b) Date thereof **12-16-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **DEC 16 1941** (b) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**  
(c) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **848 Pine Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13<sup>th</sup>**  
year **1941** hour **8** minute **10: a. m.**

21. I hereby certify that I attended the deceased from **12-9-41**  
to **12-13-41**  
that I last saw him alive on **12-13-41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Symphoric Penicemia acute**

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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 **W. A. Bunker** (M. D. or other)  
Address **1003 Poplar Bluff, Mo.** Date signed **12/13/41**

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

MOTHER FATHER

JAN 28 1942

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. W. Binkley*  
Licensed Embalmer No. *365*  
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.