

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

APR 23 1943 318

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1518 S. Theresa Ave. /
(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

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. **1518 S. Theresa Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Anna Kestel**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **12**
 year **1943** hour **7** minute **0** a.m.

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Andrew Kestel**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **January 31 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr 1 - 1943**
 1947, to **Apr 12 1943**
 that I last saw him alive on **Apr 11 1943**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	2	12	hr. _____ min.

Immediate cause of death **Cancer of pelvic femoral glands**
 Due to **Primary site**
 Due to **infarction**
 Other conditions **infarction**
(Include pregnancy within 3 months of death)

Duration **3 yrs**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

11. Industry or business _____
 12. Name **Charles Mo. Camley**
 13. Birthplace **Ireland**
(City, town or county) (State or foreign country)
 14. Maiden name **Jane Martin**
 15. Birthplace **Ireland**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Geo W. Arnot**
 (b) Address **1518 S. Theresa Ave.**
 17. (a) **Burial** (b) Date thereof **4-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**
 18. (a) Signature of funeral director **Cullinane Bros.**
 (b) Address **1710 N. Grand Blvd.**
 19. (a) **APR 16 1943** **J. J. Bredek**
(Date received local Registrar) (Registrar's signature)

Major findings: _____
 Of operations **H&H**
 Of autopsy **no**

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) (Specify means of injury)
 23. Signature **J. J. Bredek** (M. D. or other) _____
 Address **4903 Delaware** Date signed **Apr 23 1943**

2nd fl.
H. Johnson

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 Joe B. Volkmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette Ave 514

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.