

ED. MAY 18 1943

318

Primary Registration District No. 1003

Registrar's No. 4302

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:
Good Samaritan Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community, 6 years (Specify whether 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. 4500 Washington Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Margaretha (Gretchen) Kessler

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

4. Sex Female 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. December 17 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 20 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....
12. Name Jacob Kessler

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

14. Maiden name Anna Kraemer

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

16. (a) Informant Herman Barthel

(b) Address 3904 Ashland Ave

17. (a) Burial (b) Date thereof 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Belderwieden Funl Home Inc

(b) Address 1936 St. Louis Ave

19. (a) MAY 10 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1943 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from April 20, 1943 to May 7, 1943
that I last saw her alive on May 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic myocarditis

Due to.....

Due to.....

Other conditions arteriosclerosis
(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 J. F. Bergman (M. D. or other) M.D.

Address 372 Washington Date signed 5/8/43

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

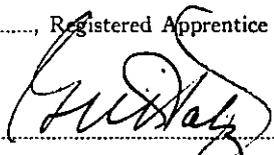
MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... 

Licensed Embalmer No. 2737

P. O. Address 1936 St. Louis Ave

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.