

No. 2
1-5-43
5-17-39
1 X37

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15780

FILED MAY 1 1944

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 981

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
232 W. Essex 1
(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 Lydia E Kessler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female | 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec 27 - 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Krause

13. Birthplace St. Louis Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Witzel

15. Birthplace St. Louis Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Kessler

(b) Address 232 W. Essex Kirkwood MO

17. (a) Burial (b) Date thereof 4-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heran Cem

18. (a) Signature of funeral director Louis McOppha

(b) Address Kirkwood MO

19. (a) APR 26 1944 (b) E. G. McHaven, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 232 W. Essex
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 11, 1944, to April 23, 1944
that I last saw her alive on April 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver Duration 4 Months

Due to secondary to cancer of the stomach

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy H&E

PHYSICIAN
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)
(a) Means of injury 2

23. Signature Robert H. Meadows, M.D. (M.D. or other)

Address Clayton, MO Date signed 4/25/44

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

MOTHER FATHER

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..... *Felix Howard*.....

Licensed Embalmer No..... *3034*.....

P. O. Address..... *Kirkwood 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.