. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1945

Registration District No. 918

Primary Registration District No. 1003

State File No. 429

Registrar's No. 839

1. PLACE OF DEATH:

(a) County ST. Louis, MO

(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: Isolation Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/8/44 to 1/24/45 (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, MO (If outside city or town limits, write "RURAL")

(d) Street No. 1512 N Elliott (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Victor Kesler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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 Nov (Month) 17 (Day) 1888 (Year)

8. AGE: Years 56 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name ? Mo
13. Birthplace ? (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Viola Becktame

(b) Address 5600 Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Chulick Und. Co

(b) Address 1722 S. Jefferson

19. (a) JAN 27 1945 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1945 hour 7 minute 45p M.

21. I hereby certify that I attended the deceased from 12-8, 1944, to 1-24, 1945; that I last saw him alive on 1-24, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: bronchopneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): progressive muscular dystrophy (unk etiology)	10 yrs.
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. J. Conlin (M. D. or other) MD

Address 5600 Arsenal Date signed 1-25-45

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

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.