S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22394

Registrar's No. 6043

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 Little Flower Retreat House 5
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 23 2500 S. Eighteenth St. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sophia M. 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 24, (Day) 1868 (Year)

8. AGE: Years 79 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George J. Kessler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Genevieve Bughard
15. Birthplace Mateese (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Martin J. Kessler
(b) Address 920 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravois Ave.

19. (a) JUN 23 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1947 hour 4,45 minute P M.

21. I hereby certify that I attended the deceased from about January, 1944, to June 22nd, 1947 that I last saw her alive on June 22nd, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation — Duration 10 hrs.

Due to Chronic Myocardial Disease and Arteriosclerosis

Due to Sclerosis

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Paul B. Webb M.D. or other M.D.

Address 1915a Sidney St. Date signed 6/23/47

Jefferson City Printing Co.

(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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address 4355 Washiington Blvd.

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.