. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 25723

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6661

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

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 5134 Maple Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (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. 5 5134 Maple Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles E. Kessler

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Kessler nee Lauth

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

7. Birth date of deceased March 29. 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	60	3	13	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Charles E. Kessler
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lavina Cayou
15. Birthplace Florissant Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Lockett
(b) Address 5134 Maple Ave

17. (a) Burial (b) Date thereof 7/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1947 hour 1:40 PM minute M.

21. I hereby certify that I attended the deceased from May 24 1947, to July 12 1947;
that I last saw him alive on July 12 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral regurgitation	?
tachycardia — enlarged heart	
~~Due to~~ Chronic nephritis	
hypertension	
Due to nephritis	
uremic asthma	
Other conditions (Include pregnancy within 3 months of death)	
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)
While at work? (e) Means of injury 0

23. Signature J. M. Black (M. D. ~~or other~~)
Address 705 N. Kingshighway Date signed 7/14/47

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 Gustav W. Deitch

Licensed Embalmer No. 4329

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.