No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1947

Registration District No. 3216

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 42793

Registrar's No. 393

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mos. 1 day. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles 94
(c) City or town: St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No.: 308 South Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ARTHUR FRED KESSLER
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: 715-05-4432
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Margrette Matticker
6. (c) Age of husband or wife if alive: Age Unknown years
7. Birth date of deceased: July (Month) 8, (Day) 1893 (Year)

8. AGE: Years 54 Months 4 Days 14 If less than one day hr. min.

9. Birthplace: Cottleville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business:
FATHER
12. Name: Edmund Kessler
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Margrett Kling
15. Birthplace: St. Paul (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Records State Hospital No. 4
(b) Address: Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cem., St. Charles, Mo.
18. (a) Signature of funeral director: H. C. Dallmeyer & Sons Co.
(b) Address: 801 No. Second St., St. Charles, Mo.
19. (a) 12-10-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1947 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb. 21, 1947, 19..., to Nov. 22, 1947, 19..., that I last saw him alive on Nov. 22, 1947, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Mediastinum and lungs -	2-3 mos.
Due to: Carcinoma of the lip	Abt. 1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Psychosis with cerebral arteriosclerosis.	

Major findings:
Of operations: No
Of autopsy: No 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)
(e) While at work? (e) Means of injury: 0
23. Signature: John A. Brennan M.D. (M.D., D.O., or other)
Address: State Hosp. #4, Farmington Date signed: 12/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1247-1564

Date Filed 12-15-47

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 C A Cozean

Licensed Embalmer No. 4089

P. O. Address Farmington 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.