S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6576

Registration District No. FILED MAR 15 1948 318

Primary Registration District No. 1003

Registrar's No. 2348

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: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 9mos. 3ds. (Specify whether In this community 43 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

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

(d) Street No. 5400 Arsenal St. (If rural, give location) 39

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

If yes, name country

3. (a) PRINT FULL NAME EMMA KESSLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Albert E. Kessler

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 11 (Day) 1876 (Year)

8. AGE: Years 71 Months 10 Days 24 If less than one day ... hr. ... min.

9. Birthplace Potosi (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Boyer 0
13. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary ~~Boyer~~ Carter
15. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

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

19. (a) MAR 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 3/45 minute A M.

21. I hereby certify that I attended the deceased from June 3, 1946, to March 6, 1948; that I last saw her alive on March 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Generalized Arteriosclerosis	6/3/46x
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	

Major findings:
Of operations
Of autopsy No

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

(e) While at work? (e) Means of injury

23. Signature R. Hofwaller (M. D. or other) M.D.

Address 5400 Arsenal St. Date signed 3/6/48

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address _____

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of March, 1948, before me appears Albert E. Kessler, who, upon his oath, states that the original record of ~~XXXX~~ death for Emma Kessler died ~~XXXX~~ March 6, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on 3/8, 1948, should be corrected as follows:

Item No. 7 should read April 11, 1876
Instead of May 11, 1878

Item No. 8 should read 71 Years 10 months 24 days
Instead of 69 Years 9 months 25 days

Item No. 12 should read Daniel Boyer
Instead of Daniel Carter

Item No. 14 should read Mary Carter
Instead of Mary Boyer

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Albert E Kessler Husband
Relationship.

5404 North Broadway St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 8 day of March, 1948.

My Commission expires March 11, 1948 Wm. C. Louis Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

1948
S-6576