No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 34366
Registrar's No. 8785

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: 5345 Wells
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5345 Wells (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAM KESSLER
3. (b) If veteran, name war
3. (c) Social Security No. No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased Oct. 25 (Month) 1880 (Year)

8. AGE: Years 67 Months 11 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Tailor
11. Industry or business

FATHER
12. Name Abr. Kessler
13. Birthplace (City, town, or county) unk. Russia (State or foreign country)

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

16. (a) Informant Miss Ann Kessler
(b) Address 5345 Wells
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial
18. (a) Signature of funeral director
(b) Address 4715 McPherson
19. (a) OCT 10 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1948 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 2, 1941, to October 8, 1948, that I last saw him alive on October 8, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cororary Occlusion	3 days
Due to: Arteriosclerosis	years.
Due to:	
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

23. Signature Jos. M. Orenstein (M. D. or other)
Address 440 N. Taylor Date signed 10/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Davis R Rudwig

Licensed Embalmer No. 4229

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.