

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3454
Registrar's No. 104

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHESTERFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>OLIVE & SCHOETLER</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) _____ c. (Last) <u>KESSLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 1949</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>6-23-82</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u> IF UNDER 24 HRS. Hours <u>11</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>	
11. BIRTHPLACE (State or foreign country) <u>Kirkwood Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN KESSLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DUNBAR</u>	
14. NAME OF HUSBAND OR WIFE <u>MARGARET</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET KESSLER</u> ADDRESS <u>Chesterfield</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CNS vascular accident - rt. sided accident - left hemiparesis</u> ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>830</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>1-5</u> , 19 <u>49</u> , to <u>1-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>49</u> , and that death occurred at <u>2:38 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John F. Gaines</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6015 BREEDWOOD BLVD. CLAYTON</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		DATE REC'D BY LOCAL REG. <u>1-17-49</u>	
REGISTRAR'S SIGNATURE <u>Thurid V. Kimminger, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMANN FUNERAL HOME</u> ADDRESS <u>OVERLAND MO</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Al C Ostmann

Signed _____
Student Embalmer

Licensed Embalmer No. 3478

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.