

no. 300
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FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42650

State File No. _____

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 10703

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 920 Russell Blvd.		d. STREET ADDRESS (If rural, give location) 920 Russell Blvd.	

3. NAME OF DECEASED (Type or Print)	a. (First) Martin	b. (Middle) J.	c. (Last) Kessler	4. DATE OF DEATH (Month) (Day) (Year)	Dec. 11, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH April 14, 1875	9. AGE (In years last birthday) 74	# UNDER 1 YEAR 7	1 YEAR 26	# UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-- Cooper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Kessler	13b. MOTHER'S MAIDEN NAME Genevieve Burkhardt	14. NAME OF HUSBAND OR WIFE Elizabeth
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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. 492-07-5472A	17. INFORMANT'S SIGNATURE OR NAME Eugene M. Kessler	ADDRESS 920 Russell Blvd.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chor myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 type="checkbox"/> NO <input type="checkbox"/>
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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) 920 MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HIT</u>
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22. I hereby certify that I attended the deceased from Aug 17, 1947 to Dec 11, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. K. Schneider</u> (Degree or title) MD	23b. ADDRESS 2026 St. Louis	23c. DATE SIGNED 12/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/14/49	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. DEC 13 1949	REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John H. Gebken Sons 2630 Gravois Ave.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Robert J. Gibbard

Signed _____
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.