

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14692**  
Registrar's No. **3365**

FILED APR 20 1950  
#54673

318

1003

2079  
206

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>St. Louis.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>				d. STREET ADDRESS (If rural, give location) <b>4217 Aubert Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOHN</b>		b. (Middle) <b>HENRY</b>		c. (Last) <b>KESSLER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 9th, 1950</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Nov. 19, 1870</b>		9. AGE (In years last birthday) <b>79</b>		10. IF UNDER 1 YEAR Months Days <b>4 20</b>		11. IF UNDER 24 HRS. Hours Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Perry County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John J. Kessler</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Greenhough</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Kessler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>9/15/91 toll 14/91 496-22-2472</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Raymond Kessler, 4217 Aubert Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) <b>334X</b>			
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?			
22. I hereby certify that I attended the deceased from <b>3/13/50</b> , 19___, to <b>4/9/50</b> , 19___, that I last saw the deceased alive on <b>4/9/50</b> , 19___, and that death occurred at <b>10:05am</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. F. ... M.D.</b>				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>4/10/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 12, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
DATE REC'D BY LOCAL REG. <b>APR 11 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son Inc., 2161 E. Fair Ave</b>			

**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.....

.....  
working under my personal supervision.

Signed.....

*Alvin W. Katz*

Student Embalmer No.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Missouri*

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.