

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29111**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2975

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester
c. LENGTH OF STAY (In this place) 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home Div. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gumbo
d. STREET ADDRESS (If rural, give location) Long Road

4740

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3. NAME OF DECEASED
a. (First) Peter b. (Middle) _____ c. (Last) Kesselring

4. DATE OF DEATH Aug. 22, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 8, 1868

9. AGE (In years last birthday) 83

10. IF UNDER 1 YEAR Months _____ Days _____
11. IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own farm

11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adam Kesselring

13b. MOTHER'S MAIDEN NAME Cora Fischer

14. NAME OF HUSBAND OR WIFE Cora Hartmann, Chesterfield, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Robert Kesselring, Chesterfield, Mo. ADDRESS NO. _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Hypertension DUE TO (b) _____
Arteriosclerosis DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

INTERVAL BETWEEN ONSET AND DEATH
1 day
3 yrs
3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1951, to 8/22, 1951, that I last saw the deceased alive on 8/18, 1951, and that death occurred at 3:44 P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)

23b. ADDRESS Kirkwood, Mo.

23c. DATE SIGNED 8/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-25-51

24c. NAME OF CEMETERY OR CREMATORY Gumbo, Cemetery

24d. LOCATION (City, town, or county) (State) Gumbo, Missouri

DATE REC'D BY LOCAL REG. 8-24-51

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Achrader Fun'l Home, Ballwin, Mo.

WRITE PLAINLY—USING UNFADEING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard Bopp

Signed.....

Student Embalmer

Licensed Embalmer No.

4584

P. O. Address

Balwin, Mo.

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.