

STANDARD CERTIFICATE OF DEATH

State File No. 15371

FILED MAY 13 1953

BIRTH NO. REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles Rural 1920	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) Emma	a. (First) Emma	b. (Middle) M.	c. (Last) Kessler	4. DATE OF DEATH (Month) (Day) (Year) May 6 1953
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 9 1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days	IF UNDER 10 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Pond Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Kessler	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Chas. Kessler deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Clarence Kessler	ADDRESS St. Charles Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Angiitis		
	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 4222	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)
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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?
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22. I hereby certify that I attended the deceased from Apr 16, 1953 to May, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE T. H. Keithly M.D.	(Degree or title) 0	23b. ADDRESS 2002 N. Main St. St. Charles Mo.	23c. DATE SIGNED 5/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 9 1953	24c. NAME OF CEMETERY OR CREMATORY St. John's	24d. LOCATION (City, town, or county) (State) Cottleville Mo.
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DATE REC'D BY LOCAL REG. May 9-53	REGISTRAR'S SIGNATURE E. A. Keithly	25. FUNERAL DIRECTOR'S SIGNATURE E. A. Keithly	ADDRESS O'Fallon Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

0920

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.....

E. Keittly

Signed.....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.