

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7331**

No. 300
10-48

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **473**

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY 2059	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Wilson township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (If in hospital or institution) 2 1/2 days		d. STREET ADDRESS (If rural, give location) 1211 Hamilton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) (AKA DAVE) c. (Last) KESSLER			4. DATE OF DEATH (Month) (Day) (Year) Febr. 21 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1867	9. AGE (In years last birthday) 86	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Garment Manuf.		11. BIRTHPLACE (State or foreign country) USSR	

13a. FATHER'S NAME Unk. Kessler		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Sarah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Sarah Kessler 1211 Hamilton	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis			3 years
	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 checked="" 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) 334X
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 **July 31, 1951**, to **Febr. 21, 1954**, that I last saw the deceased alive on **Febr. 21, 1954**, and that death occurred at **710 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. W. Fairclay, M.D.		23b. ADDRESS 462 No. Taylor		23c. DATE SIGNED 2/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/22/54	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	24d. LOCATION (City, town, or county) (State) University City Mo.		

DATE REC'D BY LOCAL REG. 2-21-54	REGISTRAR'S SIGNATURE Herbert R. Donker M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Berger Memorial 4715 McPherson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2014

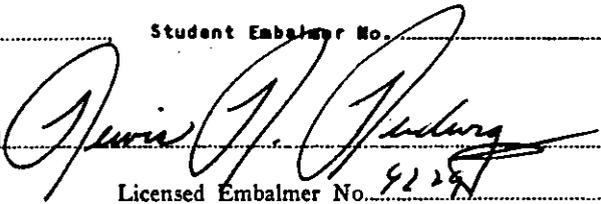
STATEMENT BY LICENSED EMBALMER

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. _____

Student
Student Embalmer

Signed  _____
Licensed Embalmer No. 42287

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.