

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17431

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 144					
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles 4		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0923					
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Rest Home				e. STREET ADDRESS (If rural, give location) 422 S. Main St. 0							
3. NAME OF DECEASED (Type or Print) a. (First) IRVIN			b. (Middle) LOUIS EDWARD		c. (Last) KESELING		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1956				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH June 27, 1886		9. AGE (In years last birthday) 69			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Finisher		10b. KIND OF BUSINESS OR INDUSTRY American Car. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Louis Keseling			13b. MOTHER'S MAIDEN NAME Laura Henne			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 498-05-0159		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Kohl, St. Charles, Mo.			ADDRESS			
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 Vasculature accident				INTERVAL BETWEEN ONSET AND DEATH 1 wk			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arterio Sclerosis				5 yd			
				DUE TO (c) left Hemiplegia				1 yr			
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)			331x		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			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 1-17-56, to 5-23-56, that I last saw the deceased alive on 5-16-56, and that death occurred at 6:42 p.m., from the causes and on the date stated above.											
23a. SIGNATURE R. A. Kessler (Deputy or title)				23b. ADDRESS St. Charles Mo				23c. DATE SIGNED MAY 25 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 26, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			24d. LOCATION (City, town, or county) (State) St. Charles, Mo.				
DATE REC'D BY LOCAL REG. May 25 1956			REGISTRAR'S SIGNATURE Bonnie Hamilton			25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bane, St. Charles, Mo.			ADDRESS		

(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..

Student.....
Signature of Student Embalmer

Signed *Flourno M. Bill*.....

Licensed Embalmer No. *437*

P. O. Address *St. Charles*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.