

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18130

State File No. ....

FILED MAY 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4653**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Mo.</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> | c. LENGTH OF STAY (in this place)<br><b>52 yrs.</b> | c. CITY OR TOWN<br><b>St. Louis</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Hamilton Medical Center</b>                |   | e. STREET ADDRESS (If rural, give location)<br><b>6008 Bartmer</b>  |  |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JACOB</b><br>b. (Middle)<br>c. (Last) <b>KESSLER</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 13 1956</b> |
|---|---|

|                       |                                  |  |  |   |
|-----------------------|----------------------------------|--|--|---|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Marr.</b> | 8. DATE OF BIRTH<br><b>Feb. 7 1877</b> | 9. AGE (In years last birthday) <b>79</b><br>If UNDER 1 YEAR Months Days<br>If UNDER 24 HRS. Hours Min. |
|-----------------------|----------------------------------|--|--|---|

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|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Contractor</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Gen. Construction</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>USSR</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>Sam Kessler</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah (unk)</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Fannie</b> |
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|   |                                       |  |                                |
|---|---------------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>Unk</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs Fannie Kessler</b> | ADDRESS<br><b>6008 Bartmer</b> |
|---|---------------------------------------|--|--------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><b>years</b><br><b>94 yrs</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cerebral &amp; gen. Arteriosclerosis</b><br>DUE TO (c) <b>Diabetes Mellitus</b> |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>260x</b> | 20. AUTOPSY?<br>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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 June 1947, to 5/13, 1956, that I last saw the deceased alive on Dec., 1955, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

|                                   |                                  |                                      |                                    |
|-----------------------------------|----------------------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>J. Hance</b> | (Degree or title)<br><b>M.D.</b> | 23b. ADDRESS<br><b>4652 Maryland</b> | 23c. DATE SIGNED<br><b>5/19/56</b> |
|-----------------------------------|----------------------------------|--------------------------------------|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Rem.</b> | 24b. DATE<br><b>5/15/56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>B'nai Amoona</b> | 24d. LOCATION (City, town, or county) (State)<br><b>University City, Mo.</b> |
|--|-----------------------------|---|--|

|  |  |  |                                 |
|--|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>MAY 14 1956</b> | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Berger Memorial</b> | ADDRESS<br><b>4715 Moperson</b> |
|--|--|--|---------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edward J. DeLina*  
Licensed Embalmer No. *3988*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.