S. No. 300
v. 10.48

XC-186088
Reg. #118950 FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22416

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1547

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS, MO.
c. LENGTH OF STAY (in this place): 274 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SANGAMON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
d. STREET ADDRESS (If rural, give location): 728½ SOUTH 8TH STREET

6120
8

3. NAME OF DECEASED (Type or Print)
a. (First): CLARK
b. (Middle): OTTO
c. (Last): KESINGER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 23, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 5-28-96
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOG BUYER
10b. KIND OF BUSINESS OR INDUSTRY: LIVE STOCK
11. BIRTHPLACE (City and State or Foreign Country): WRIGHTS, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS J. KESINGER
13b. MOTHER'S MAIDEN NAME: ELIZABETH SHORT
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF BRKS, MO.

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, asthenia, 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)	Bronchial pneumonia, bilateral	Unk.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary occlusion old & recent	Unk.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Squamous cell carcinoma right tonsil	14 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201H ~~4917~~
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): VA
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* 9-23- 1955, *to* 6-23- 1956, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX~~, *and that death occurred at* 8:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl H. Calman M.D.
23b. ADDRESS: VAH, ST. LOUIS, MO.
23c. DATE SIGNED: 6-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 25 '56
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): East St Louis Ill

DATE REC'D BY LOCAL REG.: 6-25-56
REGISTRAR'S SIGNATURE: Herbert R. Domhi M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. E. Kurrus Jr. East Louis Ill

(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 ..... Student Embalmer

Signed: [signature]

Licensed Embalmer No. 3162

P. O. Address E. St Louis Ill.

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.