

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28660

State File No.

FILED SEP 6 1956

7636

BIRTH NO. <u>64519-54</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>St Louis</u>)			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Illinois</u> <u>Louisville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>			STREET ADDRESS (If rural, give location) <u>R R #1</u>					
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH			(Month)		(Day)		(Year)	
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>		8. DATE OF BIRTH <u>August 16 1956</u>	
9. AGE (In years last birthday)			IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>---</u>
13a. FATHER'S NAME <u>Robert Eugene Kessler</u>			13b. MOTHER'S MAIDEN NAME <u>Peggy Gene Jones</u>			14. NAME OF HUSBAND OR WIFE <u>---</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Peggy Gene Kessler</u>			ADDRESS <u>Above</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>750x</u>					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			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 <u>Aug 16</u> , 19 <u>56</u> , to <u>Aug 16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug 16</u> , 19 <u>56</u> , and that death occurred at <u>1:10 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Herman H. Muecham</u>			23b. ADDRESS <u>St. Louis Maternity Hosp</u>		23c. DATE SIGNED <u>8-16-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			24b. DATE <u>8-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 17 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John Kessler</u>			ADDRESS <u>1109 N. 7th St. St. Louis</u>

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.. *Not Embalmed*

Student.....
Signature of Student Embalmer

Signed *Kasslynn D. Duckworth*
Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.