

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012668

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 700

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		c. CITY OR TOWN Webster Groves ⁴⁵⁷⁷	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 869 Newport Ave.		d. STREET ADDRESS 869 Newport Ave.	
Length of stay in lb 12 years		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ALEX			4. DATE OF DEATH March 7, 1958		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Jan. 1, 1874		
9. AGE (In years last birthday) 84			10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Planning Engineer			11. BIRTHPLACE (City and state or country) Ballwin, Mo.		
13. FATHER'S NAME Alex Kessler			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Katherine Bopp			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 488-09-5207			17. INFORMANT Mrs. Edith Kessler, 869 Newport Ave. Webster Groves, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		10 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis, Cardio-Vasc Disease	
DUE TO (c)		2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Webster Groves Mo		
20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20h. COUNTY St. Louis		
20i. STATE			20j. ADDRESS		

21. I attended the deceased from July 1/1954 to 3/7/58 and last saw him alive on 2/28/58					
Death occurred at 2:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carl Brand MD (Degree or title)			22b. ADDRESS Webster Groves Mo		22c. DATE SIGNED 3/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/10/58		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Louis H Bopp ADDRESS Kelley road				25. DATE RECD. BY LOCAL REG. 3/10/58		26. REGISTRAR'S SIGNATURE Herbert R Domeke MD	

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 *Francis J. Weyland*

Licensed Embalmer No.....4.....

P. O. Address *Kickapoo*

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