

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020535  
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1436

S. 300  
1-57  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>St. Louis</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Manchester</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Gumbo 4000</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR <b>Manchester Nursing Home</b><br>INSTITUTION   |                                  |   | Length of stay in 1b<br><b>6 Yrs</b>  | d. STREET ADDRESS (If outside, give location)<br><b>Long Rd.</b>                                  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Cora Eugenia Kesselring</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>27</b> Year <b>1958</b>   |   |  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec 28, 1872</b>   | 9. AGE (In years last birthday)<br><b>85</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housework</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Co., Mo.</b>                           |  |
| 10c. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  | 13a. FATHER'S NAME<br><b>Wm. Hartmann</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Caroline Puellmann</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Peter Kesselring</b>   |                                  | 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>none</b>  |  |
| 17. INFORMANT<br><b>Mrs. Chas. Burkhardt</b>   |                                  | Address<br><b>Ellisville Mo</b>   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CARDIO-VASCULAR RENAL DISEASE</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>SENILITY</b><br>DUE TO (c) <b>-</b> |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 1/2 X</b>                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>NONE</b>   |                                  |   |   |   |  |
| 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<br>Hour g.m. p.m.  |                                  |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <b>JUNE 1, 1957</b> , to <b>MAY 27, 1958</b> and last saw her alive on <b>MAY 26, 1958</b><br>Death occurred at <b>5:00 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |  |
| 22a. SIGNATURE<br><b>B. R. Loring, M.D.</b>  |                                  |   | 22b. ADDRESS<br><b>BALLWIN, Mo.</b>   |   | 22c. DATE SIGNED<br><b>5-27-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>  |                                  | 23b. DATE<br><b>5-29-58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Gumbo Cemetery</b>   |   | 23d. LOCATION (City, town, or country) (State)<br><b>Gumbo, Missouri</b>             |
| 24. FUNERAL DIRECTOR<br><b>Schrader Funeral Home Ballwin Mo.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-28-58</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Doake M.D.</b>                            |

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 *Richard Bopp* .....

Licensed Embalmer No. *4584* .....

P. O. Address *Ballwin, Mo* .....

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.