URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009282

FILED VS FEB 24 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 394

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Wellston — Length of stay in 1b: 4yrs. 7mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Vincent's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1919 S. Grand Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EMIL — Middle G.H. — Last KESSLER

4. DATE OF DEATH: Month Feb. Day 5, Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/11/72
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months 3, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Certified Publis Acc't
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Gustav Kessler
13b. MOTHER'S MAIDEN NAME: Marie C. Lewecke
14. NAME OF HUSBAND OR WIFE: Mrs. Margaret Kessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT: Mr. Gus Kessler, Son. — Address: 2008 40th Street, Des Moines, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bilateral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Generalized Arteriosclerosis — Years
Arteriosclerotic Heart Disease — Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 24, 1955, to Feb. 5, 1960 and last saw him alive on Feb. 5, 1960
Death occurred at 12:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph A. Costino, M.D.
22b. ADDRESS: 2407 N. Broadway, St Louis
22c. DATE SIGNED: 2/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-9-1960
23c. NAME OF CEMETERY OR CREMATORY: New Picker
23d. LOCATION (City, town, or county): 7133 Gravois Ave — (State): Mo

24. FUNERAL DIRECTOR: Beckenham Bros. — ADDRESS: 6409 Gravois Ave
25. DATE RECD. BY LOCAL REG.: 2-6-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harvey Stable

Licensed Embalmer No. 4596

P. O. Address St Louis

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