MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH — 85
County Buchanan — Registration District No.
Township — Primary Registration District No. 100?
City St. Joseph, (No. 1824 Francis St. St. Ward)

File No. 3801
Registered No. 153

2. FULL NAME Frank S. Kessler

(a) Residence, No. 1824 Francis St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAR 21 1932

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Estella Kessler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 1, 1852

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Grocer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired unk Yrs.)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Mo. 1

FATHER

13. NAME Fidel Kessler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn. 20

MOTHER

15. MAIDEN NAME Anna Elizabeth Zug

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 10

17. INFORMANT (ADDRESS) Mrs. Estella Kessler 1824 Francis St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Feb. 17, 1932.

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED FEB 16 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 15, 1932 .19

22. I HEREBY CERTIFY, That I attended deceased from ....19—, to Feb 15, 1932

I last saw him alive on Feb 15, 1932. Death is said to have occurred on the date stated above, at 6.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
9 3 0	Nov 19
7 1 4	1931

Other contributory causes of importance: Pernicious Anemia unk

Name of operation None Date of

What test confirmed diagnosis? Clin. cal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ~, 19....
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Gustav A. Lau, M. D.
(Address) Kirkpatrick Bldg., St. Joseph, Mo.