

V. S. No. 2  
00M-2-43  
Rev. 5-17-39  
U.S. DEPT. OF COMMERCE

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16589  
4809

State File No.

Registrar's No.

JUN 4 1943  
318  
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. Chase Hotel - 2 1/2 W. Kingshighway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Sessel  
3. (c) Social Security No. \_\_\_\_\_  
3. (b) If veteran, name war \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 24  
year 1943 hour 2:00 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Caroline Sessel  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 19 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 5, 1943, to May 24, 1943  
that I last saw him alive on May 23, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Uremia  
Due to chronic nephritis

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions Cardio-vascular renal disease  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Merchant

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

11. Industry or business Clothing

Of autopsy \_\_\_\_\_

12. Name Isaac Sessel

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

13. Birthplace Poland  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Sessel

(b) Address Alton, Ill.

17. (a) Burial (b) Date thereof 5-26-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Bindeloff

(b) Address 5216 Delmar Blvd

19. (a) MAY 25 1943 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

23. Signature Sauveur Weckmann (M. D. or other)  
Address 110 Theatre Bldg. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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