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.

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

Do not use this space.

31989

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 9356

City St. Louis (No. 2862 9 Texas St. .....Ward)

2. FULL NAME Clara Hiestand

(a) Residence. No. 2862 9 Texas St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Hiestand

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

14. INFORMANT Chas F. Hiestand
(Address) 2629 Texas

15. FILED OCT 21 1927 19.. Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1927

17. I HEREBY CERTIFY, That I attended deceased from July 19 1927, to Oct 19 1927 that I last saw h. alive on Oct 19 1927 and that death occurred, on the date stated above, at 12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Intes Nephritis

(duration) yrs. 3 mos. 19 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) C. G. Luckey, M. D.

Oct 20 1927 (Address) 2215 Pestalozzi

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews Cem. DATE OF BURIAL 10-21 1927

20. UNDERTAKER Witt Bros L & U. Co. ADDRESS 2929 S. Jefferson