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

Do not use this space.

6595

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 1539

2. FULL NAME Margaret K Desker

(a) Residence. No. 2101 Schuman Road St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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	Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Charles Desker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	—	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pittsburg

(STATE OR COUNTRY) Penn

PARENTS

10. NAME OF FATHER Henry Hagerling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittsburg

(STATE OR COUNTRY) Pa.

12. MAIDEN NAME OF MOTHER Wilhelmina Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburg

(STATE OR COUNTRY) Pa.

14. INFORMANT Charles F. Desker

(Address) 2101 Schuman Road St

15. FILED FEB 10 1928 Mary Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Feb 8, 1928 that I last saw her alive on Feb 8, 1928, and that death occurred, on the date stated above, at 12 35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Myocarditis Chronic

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....

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

18. WHERE WAS DISEASE CONTRACTED? .....

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J H Simon, M. D

, 1928 (Address) 4000 Chouteau

*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	DATE OF BURIAL
St Peter - Paul Cemetery	Feb 11 1928
20. UNDERTAKER	**ADDRESS**
J H Gilkens	2630 Gravois Ave

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.

Dr John H Simons 4004 Chouteau Room 3.
1 to 3 Pm