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

Do not use this space.

11770

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 1807 S. Ninth Street. St. ..... Ward)

File No. .....

Registered No. 3618

2. FULL NAME Flizabeth Hesch.

(a) Residence. No. 1807 S. Ninth Street St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 Phillip Hesch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28.1845.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82		8	3	

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) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Michael Weissler.

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

12. MAIDEN NAME OF MOTHER Margaret Stockmeyer

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

14. INFORMANT Louis Hesch (Address) 1807 S. Ninth Street.

15. FILED APR -2 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 3/31

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/31 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-20- ....., 1928, to 3-31- ....., 1928 that I last saw her alive on 3-31- ....., 1928, and that death occurred, on the date stated above, at 9-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branchial Pneumonia

11A 107A

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) La grippe

..... (duration) ..... yrs. ..... mos. 6 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? Clinical

(Signed) Louis F. Mercy, M. D

(Address) 1831-8-9 BSX.

*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
SS. Peter&Paul Cemetery	April 3, 1928.

20. UNDERTAKER	ADDRESS
J H Gebhen Lamb H. Co	2842 Meramec

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.