

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

Do not use this space.

18428

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township

Primary Registration District No. 6248H

City

Richmond Heights Mo - St. Marys Hospital

File No.

Registered No. 1137

St.

Ward)

2. FULL NAME

(a) Residence. No. 2618 Osage St.,

Ward.

St. Louis Mo
(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Wm J Kessler

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

Jan 18 - 1906

7. AGE

YEARS 22

MONTHS 3

DAY 24

If LESS than 1 day, hrs. or min.

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)

St. Louis

(STATE OR COUNTRY)

Mo

PARENTS

10. NAME OF FATHER

John Moser

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Rose Reiner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

14.

INFORMANT

Wm J Kessler

(Address)

2618 Osage

15.

FILED

5/12, 1928

C. L. Johnson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 11, 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to May 11, 1928 that I last saw her alive on May 11, 1928, and that death occurred, on the date stated above, at 5:57 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

10/100

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?

Sputum examination.

(Signed) Alex B. Eisenth, M. D.

May 12, 1928 (Address) 3548 S. Grand St.,

*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's Paul Cemetery

May 14, 1928

20. UNDERTAKER

ADDRESS

Wackow-Heldorls

2331 S. Bdeoy

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.

