

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

Do not use this space.

34719

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch

1123
Registration District No. _____
Primary Registration District No. 6248 B

File No. _____
Registered No. 356
St. _____ Ward _____

2. FULL NAME

Hack, Esther,

(a) Residence. No. 2921 Virginia St., _____ Ward. _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 4 mos. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female White</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND DECEASED
(OR) WIFE OF

Henry Hack

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 1928

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>3</u>	<u>17</u>	

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) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Chris Kolb

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

12. MAIDEN NAME OF MOTHER Bertha Howe

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

14. INFORMANT R. Koch Hospital Records
(Address)

15. Oct. 26 1928 L. C. Obrock M.D.
FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from June 20 1928 to Oct. 26 1928
that I last saw her alive on October 26, and that death occurred, on the date stated above, at 2 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis, 23H

About 31 (duration) X yrs. 11 mos. da.

CONTRIBUTORY Gastro Intestinal Tbc.
(SECONDARY)

About (duration) X yrs. 4 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____ Unknown

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) Geo. J. Temple M. D.

10/26/28 (Address) Koch Hosp.

*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

Troy Mo. DATE OF BURIAL Oct. 29 1928

20. UNDERTAKER

J. H. Gebken Und. Co. ADDRESS St. Louis

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.

22

1928

