

3 1928

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

Do not use this space.

38132

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

File No. 104

Township Central

Primary Registration District No. 4470

Registered No. ....

City St. Louis

No. 6314 Washington Cr. St. (Ward)

Registered No. ....

2. FULL NAME

(a) Residence. No. 6314 Washington Cr. St. Ward. ....

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
-------------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>66</u>	<u>1</u>	<u>11</u>	

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)

St. Louis Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

John B. Hestman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Delinda Deterding

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14. INFORMANT

Mrs. Augusta Hestman

(Address)

3519 St. Louis Ave

15. FILED

11-22-28

E. William Drum

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from 11/15 1928, to 11/19 1928

that I last saw h. alive on 11/19 1928, and that death occurred, on the date stated above, at 5:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Edema of Lungs

106 B

111 B

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

CONTRIBUTORY Chronic C. Bronchitis (SECONDARY)

(duration) 62 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. C. Barnes, M. D.

11/19, 1928 (Address) 6312 Washington Ave.

\*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

Bellefontaine Cemetery

11/22/1928

20. UNDERTAKER

ADDRESS

Bergsack Mfg Co. 366 Washington

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.

