

JAN 28 1929

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

Do not use this space.

42470

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248th
City Rickwood, Mo. (No. 7569 Hoover) St. _____ Ward _____

File No. _____
Registered No. 287

2. FULL NAME

Hubert LeResche

(a) Residence. No. 7569 Hoover St. _____ Ward. _____
(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-16-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
- 11 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(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.

10. NAME OF FATHER Louis C. LeResche
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Versey Co. (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mable McIntyre
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bevlif (STATE OR COUNTRY) Ill.

14. INFORMANT Louis LeResche (Address) 7569 Hoover

15. FILED 12/24 1928 Lo L. Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 21, 1928 that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
(duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) Acute Infection
(duration) yrs. mos. ds. 4

18. 1000 WHERE WAS DISEASE CONTRACTED plung death
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? smear of sputum
(Signed) William T. Hirsch M. D.

12/22 1928 (Address) 3500 N Frank

*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 Vallehalla Care. DATE OF BURIAL Dec 24 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

WRITE PAINLY, 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.

W. D. H. 3506 11 - Grand

1571 Belmont