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

Do not use this space.

8610

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis (No. Deaconess Hospital St. ..... Ward)

File No. ..... Registered No. 2281

2. FULL NAME Amanda Hesfuer

(a) Residence. No. 4022 Cote Brilliante St. 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	7	

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) Millstadt (STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER George Rordiger

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

12. MAIDEN NAME OF MOTHER Barbara Fisher

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

14. INFORMANT Edward L. Hesfuer (Address) 4022 Cote Brilliante

15. FILED FEB 19 1929, 19..... Mr E Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1929, to Feb 18, 1929, that I last saw h. alive on Feb 17 1929, and that death occurred, on the date stated above, at 12:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Man. Pneumonia

99A

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

CONTRIBUTORY (SECONDARY) .....

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. Hampson M. D.

Feb 18, 1929 (Address) 6 Metropolitan Bldg

*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
Calvary Cemetery	Feb 20 1929
20. UNDERTAKER	**ADDRESS**
Cullinane Bros	1710 N Grand Ave

2 2 2 2 235

NOTE—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.

Metropolitan Bldg.
2 to 3
Ftg 6206