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

Do not use this space.

8663

File No. 2865

Registered No.

1. PLACE OF DEATH

County

Registration District No. 1002 791

Township

Primary Registration District No.

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

14th & Lenox

2. FULL NAME Lena Hedgcoder

(a) Residence. No. 2917 Bacon 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 66 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 27 1862

7. AGE: Years 66 Months 7 Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Practical Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

PARENTS

10. NAME OF FATHER: Andrew Kessling

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

12. MAIDEN NAME OF MOTHER: Magdalena Cusaulaw

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

14. INFORMANT: City Hospital Records

(Address): City Hospital

15. FILED: 2 [illegible] 19[illegible] Hale C. Fowler, 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 June 2 1928, to Feb 18 1929, that I last saw he alive on Feb 18 1929, and that death occurred, on the date stated above, at 3.15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic cardiac valvular disease
Chronic interstitial nephritis
131
924 (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) Edmund R. Stephan, M. D.

Feb 18, 1929 (Address) City Hospital

*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: Mo. St. Marcus

DATE OF BURIAL: 2-21 1929

20. UNDERTAKER: W. Schumacher

ADDRESS: 3013 Miramee

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.

Sugevalt