

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

Do not use this space.

35871

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2603 North 20th St.**)..... St. Ward

File No.
Registered No. **10576**
St. Ward

2. FULL NAME Edward Tess

(a) Residence. No. **2603 N 20th** St., **26** 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Tess				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8, 1878,				
7. AGE	YEARS 50	MONTHS 10	DAY 20	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Machinist (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer Fulton Iron Works				

9. BIRTHPLACE (CITY OR TOWN)..... **St. Louis, Mo**
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER John Tess
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany
	12. MAIDEN NAME OF MOTHER Mary Plagemann
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

14. INFORMANT **Melvin Tess**
(Address) **2603 N. 20th**

15. FILED **1031 1929** **Max C. Stanley**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 28, 1929¹⁹**
17. **HEREBY CERTIFY**, That I attended deceased from **23rd** **October** 19**29**, to **October 28** 19**29**, that I last saw him alive on **October 28**, 19**29**, and that death occurred, on the date stated above, at **9:00 P.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 (duration) yrs. mos. **4** ds.

CONTRIBUTORY (SECONDARY) **108** (duration) 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? **No**
WHAT TEST CONFIRMED DIAGNOSIS **Clinical**
(Signed) **Frederick M. [Signature]** M. D.
Oct 29, 1929 (Address) **7601 [Address]**

*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 **New Bethelhem [Address]** DATE OF BURIAL **1931 1929**

20. UNDERTAKER **Theo. H. [Address]** ADDRESS **1936 St. Louis**

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. WRITE PLAINLY, WITH UNFADING INK.

9/10/1919