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

Do not use this space. 38604

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11003

City St Louis (No. 2733 Wyoming St St. ..... Ward)

2. FULL NAME Caroline Theresa Hegger

(a) Residence. No. ..... St., 24 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 George Hegger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	8	25	

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) Housework

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germantown
(STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER Benedickt Stockman

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

12. MAIDEN NAME OF MOTHER Gertrude Evesgerd

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

14. INFORMANT Ben Hegger
(Address) 2653 Ohio

15. FILED: Nov 12, 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-10 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-8, 1929, to 11-10, 1929, that I last saw her alive on 11-10, 1929, and that death occurred, on the date stated above, at 6 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia Right Side
100
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia Rt Side
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2733 A Wyoming St.
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) [signature], M. D.
11, 1929 (Address) 3624 So Bay

*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
Aviston Ills.	Nov 12 1929

20. UNDERTAKER	ADDRESS
J H Gibbon	2630 Gravois

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.

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