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

Do not use this space.

38937

1. PLACE OF DEATH

County..... Registration District No. 791 1003

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

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

File No.....

Registered No. 11411

2. FULL NAME Elmer Richard Jeschke

(a) Residence. No. Vaugies Place St. ..... Ward. Tower Grove (If nonresident give city or town and State)
(Usual place of abode)

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)~~
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	8	28	

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

PARENTS

10. NAME OF FATHER Carl Jeschke

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

12. MAIDEN NAME OF MOTHER Eleana Fischer

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

14. INFORMANT Frank Hinger
(Address) Marissa Ill

15. NOV 21 1929 Chas C Parker
FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1929, to Nov. 20, 1929, that I last saw him alive on Nov. 20, 1929, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis with Arterial Hypertension
131
1909
1929 (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uremic Coma (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE DID DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? Lombard Ill
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? N.P.N. + P.S.P.
(Signed) G. R. Schaffler, M. D
11/21, 1929 (Address) 1021 Missouri Bldg. St Louis

*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 Marissa, Ill — DATE OF BURIAL Nov. 23 1929

20. UNDERTAKER Gundlach & Co. — ADDRESS Belleville

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—THIS IS A PERMANENT RECORD