

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

Do not use this space.

42134

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City, St Louis (No. 4125 Kossuth) St. Ward)

File No.
 Registered No. 11840

2. FULL NAME Casper Hy Ellersieck

(a) Residence, No. 4125 Kossuth St. 10 Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Meta Ellersieck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Furniture Finisher
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

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

10. NAME OF FATHER Hy Ellersieck

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

12. MAIDEN NAME OF MOTHER Ilsebine Unknown

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

14. INFORMANT Henry Ellersieck
 (Address) 4125 Kossuth

15. FILED DEC 5 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1928, to Nov 30, 1929, that I last saw him alive on Nov 30, 1929, and that death occurred, on the date stated above, at 3:00 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis

(duration) 4 yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED?

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Aug Ellersieck M. D.

12/3 1929 (Address) 3505 Jefferson

*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 Bethlehem Cemetery DATE OF BURIAL Dec. 5 1929

20. UNDERTAKER Thos. H. Beiderwied ADDRESS 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.

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