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

Do not use this space.

[redacted]
21035

File No. 5869

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4609 Delor St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Lizzie Bresch (BRESCH)

(a) Residence. No. (Usual place of abode) St., 15 Ward. (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: 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: Casper

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1844

7. AGE: Years: About 86 | Months: Unknown | Days: | If LESS than 1 day, ...hrs. or ....min.

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):

(c) Name of employer:

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

PARENTS

10. NAME OF FATHER Geo Rickmann

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

12. MAIDEN NAME OF MOTHER Marie Fischer

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

14. INFORMANT Mrs Lillian Herzog

(Address) 4609 Delor St

15. FILED 1 17, 1930 Ray C Starke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/10/30 to 6/16/30, 19.... to 6/16/30, 19.... that I last saw h. ~~ex~~ alive on 4/10/30, 19...., and that death occurred, on the date stated above, at 6 55 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis —
9 3 C
97

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH X

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Henry S. Broones, M. D.

6/17/30, 19 (Address) Grand & Lafayette

*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: St Peters | DATE OF BURIAL: 6/18 1930

20. UNDERTAKER: Geo J. Kistler & Co | ADDRESS: 7618 Delor

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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