WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

7755

File No. 2118

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791 1603

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

City St. Louis. (No. 3409 Meramec Street. St. ..... Ward)

2. FULL NAME Agnes Haeussner.

(a) Residence. No. 3409 Meramec Street. St., 15 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 Theodore Haeussner.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1890.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	8	3.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home. 235
(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) Mo.

PARENTS

10. NAME OF FATHER Frank Peschke.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany. 10

12. MAIDEN NAME OF MOTHER Caroline Ludwig.

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

14. INFORMANT Theodore E. Haeussner.
(Address) 3409 Meramec Street

15. FILED FEB 16 1931 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1931

17. I HEREBY CERTIFY, That I attended deceased from July 18 1930 to Feb 16 1931, that I last saw her alive on Feb 14 1931, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cancer Pyloric Lungs Liver

50 (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 50 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Hugo P. Nam, M. D.

2/16, 1931 (Address) 8801 Gravois

*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
SS. Peter & Paul Cem.	Feb. 19, 1931

20. UNDERTAKER Kirkwood L. & Co 3818 Meramec | ADDRESS