

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

Do not use this space.

11765

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Ma. Bapt Hosp.)

File No.....
Registered No. **2996**
St. _____ Ward)

2. FULL NAME

Elsie E. Loesche

(a) Residence. No. 1453^{1/2} Blackstone Ave. 6 Ward.

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hra. ormin.
	29	5	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 23^{1/2}
(b) General nature of industry, business, or establishment in which employed (or employer). At Home.
(c) Name of employer

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

10. NAME OF FATHER Louis Le Beau

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan, Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Schneider

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

14. INFORMANT Mr. Adolph Loesche
(Address) 1453^{1/2} Blackstone Ave.

15. FILED MAR - 9 1931 Max Esterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7-1931

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1931 to March 7, 1931 that I last saw her alive on March 7, 1931, and that death occurred, on the date stated above, at 1:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis

CONTRIBUTORY Myocarditis Acute
(SECONDARY) (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH (duration) yrs. mos. 10 ds.

DID AN OPERATION PRECEDE DEATH? YES DATE OF March 7, 1931

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P. A. Davis M. D.

, 19 (Address) 14921 Indian Ave.

*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 Wah Grove Cemetery DATE OF BURIAL 3-10 1931

20. UNDERTAKER Leo L. Pleitsch ADDRESS 5966 Euclid

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.

