

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.

APR 25 1935

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

Do not use this space.

10417

1. PLACE OF DEATH

County St. Louis Registration District No. 788  
 Township Central Primary Registration District No. 4471  
 City Webster Groves (No. Route 5 near Wendover St. Ward) 25

2. FULL NAME

Elizabeth K. Laesch + Wansu Road  
 (a) Residence, No. Arundell Mo. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Laesch  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1855  
 7. AGE YEARS 79 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 13. NAME Alton Klein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Elizabeth Zimmerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Sieberman (ADDRESS) 4466 Green Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrndon Mo. DATE 3-13-35

19. UNDERTAKER Pronox Und. Co. (ADDRESS) 3710 N. Grand St.

20. FILED 3-12-1935 Julia R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9-1935 to March-11<sup>th</sup> 1935  
 I last saw her alive on March 11<sup>th</sup> 1935. Death is said to have occurred on the date stated above, at 10<sup>10</sup> A.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset 3 days  
Gastric Pneumonia  
 Other contributory causes of importance: Senility

Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....

(Signed) Arthur Westcott, M. D.  
 (Address) Webster Groves Mo

Dr. Hester 1-21-71  
214 W. King and Blvd.

L. H. Hester  
428 Spring  
Hester House