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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1948

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18286

Registrar's No. 1248

**1. PLACE OF DEATH:**

(a) County St Louis County

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Shamrock Rest Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven Months (Specify whether years, months or days)

In this community Seven months

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Ill (b) County Washington

(c) City or town Nashville 999 (If outside city or town limits, write "RURAL")

(d) Street No. 319 E. Adams 11 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 2

**3. (a) PRINT FULL NAME** LOUISE HESKER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry Hesker

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 21 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name August Hesker
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Louisa Pfeil
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Erwin J. Hesker

(b) Address 4546 Alice Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 17 (Day) 1948 (Year)

(c) Place: burial or cremation Nashville, Ill

18. (a) Signature of funeral director Melvin L. Kemper

(b) Address Nashville, Ill.

19. (a) 5-18-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MSA

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 14th year 1948 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from October 27, 1947, to May 14, 1948 that I last saw her alive on May 11, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Thrombosis | 1 wk |
| Due to Arteriosclerotic & Hypertensive Cardiovascular disease | 5 yrs |
| Due to 93 | |
| Other conditions (Include pregnancy within 3 months of death) Old cerebral thrombosis, Ariboflavinosis, Senile dement | 2 yrs |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lewis Littmann (M.D. or other) MD

Address 8231 Clayton Rd Date signed 5/14/48

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by:.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address Nashville, Ill.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**