

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

Do not use this space.

2820

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 18. Washburn 15th) St. Ward)

File No.
Registered No. 397

2. FULL NAME

Escher, Joseph
(a) Residence. No. 3303 W. as Ave. St. 14th 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 5 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 911 Steno-Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY) Calishell Mont

10. NAME OF FATHER Carl Stark

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

12. MAIDEN NAME OF MOTHER Mahilde Volk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY) St Louis

14. INFORMANT Carl Stark (Address) 3303 W. as Ave

15. JAN 12 1927 FILED Max C Starkoff Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 19 27

17. I HEREBY CERTIFY That I attended deceased from Dec 15 19 26 to Jan 10 19 27 that I last saw h. or alive on Jan 8 19 27, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cyctic (chronic)
880 (duration) yrs. 8 mos. da.

CONTRIBUTORY (SECONDARY) Ulceration endostentis (acute) (duration) yrs. 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH, 3303^A Leper

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Althia, Autopsy
(Signed) Dr. Bickelbauer M. D.
10 19 27 (Address) 3147 St Jeff. Ave

*State the DISEASE CAUSING DEATH, or in death 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
Concordia Cemetery Jan 12 19 27

20. UNDERTAKER ADDRESS
Theo. H. Biederweidew 19 36
St Louis Ave

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.

