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

Do not use this space.

19704

File No.

Registered No. 5411

1. PLACE OF DEATH

County

Township

City St Louis

Registration District No. 791

Primary Registration District No. 1003

(No. 3723 Juniata St. St. Ward)

2. FULL NAME Elizabeth Kussenberger

(a) Residence. No. 3723 Juniata St. St., 16 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	9	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(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) Illinois

PARENTS

10. NAME OF FATHER Ben Seeger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Alsace

12. MAIDEN NAME OF MOTHER Mary Maurer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT Victoria Lemanka

(Address) 3723 Juniata St

15. FILED JUN 13 1927 Mark Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1927

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1927 to June 10, 1927 that I last saw he~~r~~ alive on June 9, 1927 and that death occurred, on the date stated above, at 7.40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Acute Myocarditis

(duration) — yrs. — mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Roland A. Koch, M. D.

, 19 (Address) 3107a California 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 St. Peter & Paul

DATE OF BURIAL 6/13 1927

20. UNDERTAKER Southern

ADDRESS 7315 S. Broadway

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.

D. Roeb
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