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

Do not use this space.
19880
File No. 5636
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 4837, Michigan St., ... Ward)

2. FULL NAME Louisa Buesse

(a) Residence. No. 4837 Michigan St., [redacted]5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Peter Buesse

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 25 1881

7. AGE: Years 46 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) East St. Louis (STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER: Martin Kiss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Mana Bickerdt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT: Peter Buesse (Address) 4837 Michigan Ave

15. FILED JUN 17 1927, 19..... Mrs C Starcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1926, to June 16, 1927, that I last saw h. alive on June 16, 1927, and that death occurred, on the date stated above, at 12:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Liver
46F 44 0
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma Liver (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4837 Michigan

9 DID AN OPERATION PRECEDE DEATH? ~~Date of~~

WAS THERE AN AUTOPSY? ~~.....~~

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) Frank J Dwiggins, M. D.
[redacted], 1927 (Address) 4930 Finney

*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: Mt Hope Belleville Ill — DATE OF BURIAL: June 18 1927

20. UNDERTAKER: Wm Schumacher — ADDRESS 3013 Meramec

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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