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

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.

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

Do not use this space.

1. PLACE OF DEATH

County .... Registration District No. 791

Township St Louis Primary Registration District No. 1003

City .... (No. .... St. .... Ward)

File No. 22225

Registered No. 6407

2. FULL NAME Theresa Takatsch

(a) Residence. No. 1812a So 8th St., 23 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: 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: Niklas Takatsch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 23 - 1868

7. AGE: YEARS 60 | MONTHS 2 | DAYS 21 | If LESS than 1 day, ... hrs. or ...... min.

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

9. BIRTHPLACE (CITY OR TOWN) Ungarn
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Fred Martini
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ungarn
12. MAIDEN NAME OF MOTHER: Kate Jochim
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ungarn
(STATE OR COUNTRY)

14. INFORMANT: Niklas Takatsch
(Address) 1812 So 8th St.

15. Filed JUN 17 1928 Wm. C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14 1928

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 14, 1928, that I last saw her alive on 6/14, 1928, and that death occurred, on the date stated above, at 10.05 p.m.

THE CAUSE OF DEATH* was as follows:

Gastric Carcinoma

44a

(duration) ...... yrs. ...... mos. ...... ds.

CONTRIBUTORY (SECONDARY)

(duration) ...... yrs. ...... mos. ...... ds.

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

DID AN OPERATION PRECEDE DEATH? Exploratory Date of at June 1st at City Hosp.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory operation

(Signed) D. E. Eines, M. D.

6/15, 1928 (Address) 1803 Berry

*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: June 18 1928

20. UNDERTAKER: Kreuder Bros.
ADDRESS: 1718 So 9th St.