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

Do not use this space.

25780

1. PLACE OF DEATH

County ..... Registration District No. 791 · 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. Lutheran Hosp. St. ..... Ward)

File No. .....

Registered No. 7603

2. FULL NAME Marie Kuestner

(a) Residence. No. 3510 Illinois St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	0	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife 78A

(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) Hungary

PARENTS

10. NAME OF FATHER John Schutt

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

12. MAIDEN NAME OF MOTHER Frances Bitto

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Hungary

14. INFORMANT Jacob Kuestner
(Address) 3510 Illinois Av.

15. FILED July 21 1928 Ray C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1928

17. I HEREBY CERTIFY, That I attended deceased from July 19 1928, to July 22 1928, that I last saw h. alive on July 22 1928, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

abscess of the brain, non tubercular cause unknown (duration) — yrs. — mos. 4 ds.

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

700

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3510 Illinois Ave.

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. G. Schlossstein M. D.

July 23, 1928 (Address) 3153 Longfellow Place

*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 New St. Marcus Cem. DATE OF BURIAL 7-25 1928

20. UNDERTAKER Witt Bros. & Co. ADDRESS 2929 N. Jefferson Av.

NOTE.—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.

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