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

Do not use this space.

42862

File No.

Registered No. 12130

1. PLACE OF DEATH

County

Township

City St Louis (No. 4165 Wrish St.) Ward)

Registration District No. 7811

Primary Registration District No. 5108

2. FULL NAME Theresia Butzeneck

(a) Residence. No. 4165 Halsted St., 15 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 (OR) WIFE OF: John Butzeneck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 25-1860

7. AGE: Years 68 Months 9 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(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)
(STATE OR COUNTRY): Hungary

PARENTS

10. NAME OF FATHER: Michael Kiszer

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

12. MAIDEN NAME OF MOTHER: Magdalena Nagasow

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

14. INFORMANT: John Butzeneck
(Address) 4165 Halsted St.

15. FILED Dec 13 1928 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928

17. I HEREBY CERTIFY, That I attended deceased from May 15 1928, to December 11 1928 that I last saw alive on 12-11 1928 and that death occurred, on the date stated above, at 4 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the liver
4 E
46 E
(duration) 2 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? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr Robert Bendera, M. D
Dec 13 1928 (Address) 1012 Beyer Av

*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: Dec 14 1928

20. UNDERTAKER: Friendly U Leo — ADDRESS: 1718 Lo 9th St

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

Dr Geidenen