

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

Do not use this space.

29622

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 701
Primary Registration District No. 1013
(No. 2328 Hebert)

File No. _____
Registered No. 8650
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2328 Hebert St. 20 Ward.

(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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Kleiney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 80 unknown

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) France
(STATE OR COUNTRY)

10. NAME OF FATHER Louis Zengler

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

12. MAIDEN NAME OF MOTHER Waponia Kessler

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

14. INFORMANT Delia Kleiney
(Address) 2328 Hebert St

15. FILED AUG 10 1931 Max C. Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/6, 1931, to 8/8, 1931 that I last saw her alive on 8/6/31, 1931, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
4 6 E (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 4 6 E (duration) 1 yrs. 0 mos. 0 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) W. Chopin, M. D.

8/10, 1931 (Address) 8321 N. Bldg

*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 Calvary Cemetery DATE OF BURIAL 8/11 1931

20. UNDERTAKER Max 445 Dickman ADDRESS 3039 Eastern

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.

