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.

25488

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7070

City St. Louis (No. 4230 Aubert Ave St. ..... Ward)

2. FULL NAME Goldie A. Votruba

(a) Residence. No. 4230 Aubert St., 7 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: Charles P. Votruba

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 3 - 1888

7. AGE: YEARS 38 | MONTHS 9 | DAYS 0 | 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): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Jonathan Bissell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Sarah Millirom
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

14. INFORMANT: Chas Votruba
(Address) 4230 Aubert Ave

15. FILED AUG -4 1927 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8 - 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1924, to Aug 3, 1927 that I last saw her alive on 8-3, 1927, and that death occurred, on the date stated above, at 10 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Visceral - "Carcinoma"
48
53E
49
..... (duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Cervix
Dont know (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/29/24
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Tissue Examination
(Signed) Bert O. Owens, M. D
8/4, 1927 (Address) 634 N. Grand 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: Memorial Park
DATE OF BURIAL: 8 - 5 1927

20. UNDERTAKER: W. C. Moydell
ADDRESS: 1926 Allen av.

Dr B. Owens
[illegible]

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