

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **791**

File No. **29185**  
Registration No. **18779**

**2. FULL NAME**

(a) Residence: No. **2668 Lafayette Ave** St. **17** Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 **Edward Voelker**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 26 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42 1 3**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **187D Housework**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer **At Home**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Putnam Ill.**

10. NAME OF FATHER **Mr J Pales**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT (Address) **Edna Pales 3668 Lafayette Ave**

15. FILED **OCT -2 1927** **May 13 1927** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 29 1927**

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

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Shock & Injuries (Internal), caused by being crushed when building collapsed at 4038 W. Belle, during wind storm, Sept. 29th, at 1:00 P.M.**

CONTRIBUTORY (SECONDARY) **ACCIDENT.**

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

Did an OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN ALIEN?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **R. J. W.**, M. D.  
**L. J. O'Connell**, 19..... (Address)

\*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 **Sunset Burial Park** DATE OF BURIAL **Oct 2 1927**

20. UNDERTAKER **Mr Robert** ADDRESS **1965 1/2 Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

