

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

Do not use this space.

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
 Township \_\_\_\_\_ Primary Registration District No. 1013  
 City Lutheran Hosp Lutheran Hosp & Potomac St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. 32272  
 Registered No. 9585

**2. FULL NAME**

Vira G Zoll  
 (a) Residence. No. 4437 N. Pagan St. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 32 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\* Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Oliver H Zoll

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 1906

7. AGE	YEARS	MONTHS	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>22</u>	<u>5</u>	<u>27</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer) At home  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) St. Louis, Mo.

10. NAME OF FATHER Henry Zahrand

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Cyenia Zell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

14. INFORMANT Oliver H Zoll  
 (Address) 4437 N. Pagan St.

15. FILED 28 1928 BY C. Standif REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Sept. 22, 1928, to Sept. 25, 1928,  
 that I last saw her alive on Sept. 25, 1928, and that death occurred, on the date stated above, at 9:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia (unproved for toxæmia) not Pneumonia or Gonococcus because unknown  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) Sepsis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH 4437 N. Pagan St.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/25/28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + Phys. findg  
 (Signed) \_\_\_\_\_, M. D.

9/27, 1928 (Address) 505 Humboldt, Carl Bad

\*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 Valhalla Cemetery DATE OF BURIAL Sept 28 1928

20. UNDERTAKER Key-Shawer Mfg Co. ADDRESS 4114 Manchester

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.

Dr. Lauen  
Univ. Club. Bldg.