

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

Do not use this space.

16679

1. PLACE OF DEATH

County St. Louis Registration District No. 791

Township Maple Ave. Primary Registration District No. 1003

City St. Louis (No. 5000) St. Maple Ave. (Ward)

File No. 4794

Registered No. 4794

St. Maple Ave. (Ward)

2. FULL NAME

Viola Flinn Aronoff

(a) Residence. No. 5000 Maple Ave. St. Maple Ave. Ward 12

(If nonresident give city or town and State)

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 ♀

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Aronoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1916

7. AGE

18 YEARS

MONTHS 9

DAYS 14

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) Residence

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Campt, Pa. Illinoys

10. NAME OF FATHER Wm. Flinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Hella Leeper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Fowler, Illinois

14. INFORMANT Frank Aronoff

(Address) 5000 Maple Ave

15. FILED APR 26 1929

19 St. Louis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-25 1929

17. I HEREBY CERTIFY That I attended deceased from 4

18 1929, to 4-25 1929

that I last saw him alive on 4-25 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

enteritis

1140 (duration) yrs. mos. 10 da.

CONTRIBUTORY constipation (SECONDARY)

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? None

(Signed) G. Carson, M. D.

, 19 (Address) 5100 Delmar

*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

Lake Charles

DATE OF BURIAL

April 27 1929

20. UNDERTAKER

Mullen Co

ADDRESS 5165

Delmar

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.

New Caron

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