

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

Do not use this space.

20245

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 2846 Wyoming A.) St. _____ Ward _____

File No. _____
Registered No. 5927
St. _____ Ward _____

2. FULL NAME

Sophia M. Voering
(a) Residence. No. 2846 Wyoming St. 24 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 10 - 1877</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>52</u>	<u>52</u>	<u>1</u>	<u>18</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>House Wife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) _____				
(c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER <u>John Baumgartner</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
12. MAIDEN NAME OF MOTHER <u>Cora Siebert</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14.

INFORMANT Andrew Voering
(Address) 2846 Wyoming St.
FILED MAY 30 1929 Wm. E. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 - 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928, to May 28, 1929 that I last saw her alive on May 28, 1929 and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Carcinomatosis Metastatic
Primary of left ovary
4 1/2 yrs (duration) yrs. 8 mos. ds.
CONTRIBUTORY 46 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH... yes. DATE OF in January
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS finding of - + deposits
(Signed) Edwin Bennett M. D.
728, 1929 (Address) 1504 So. Grand Blo -

*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 <u>Sunset Burial Pk.</u>	DATE OF BURIAL <u>5/31 - 1929</u>
20. UNDERTAKER <u>Ziegenheim Bros. 2623 S. Kercker</u>	ADDRESS

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.

