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

Do not use this space.

31844

File No.
Registered No. 322

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Koch, (No. Mo. R. Ford Dayo. St. Ward)

Registration District No. 1128
Primary Registration District No. 0248 B

2. FULL NAME Lucille Pansky

(a) Residence. No. 4516-a Cleveland ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred x yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ? Pansky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9, 1899.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
30	4	28	

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)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Louis Joerder
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Agnes Sexton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Records of Koch Hospital
(Address) Koch, Mo.

15. FILED Sept 7, 1929 L. C. Obrod, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6, 1929, 19

17. I HEREBY CERTIFY, That I attended deceased from 7-3-29, 19, to 9-6-29, 19, that I last saw h. er alive on 9-6-29, 19, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Far Advanced Tuberulosis pulmonary
23A
25
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) G.I. Tuberculosis and
Laryngeal "
(duration) yrs. mos. ds.

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? X-Ray findings and Sputum
(Signed) P. K. Ehrlich, M. D.
9-7-, 1929 (Address) Koch, Mo.

*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 Calvary
DATE OF BURIAL Sept 9 1929

20. UNDERTAKER R. J. Donnelly
ADDRESS 2037 Wash

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.