

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

Do not use this space.

35403

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Report**)

File No.
Registered No. **10146**
St. Ward)

2. FULL NAME

(a) Residence. No. **1446 Hazard St.** **26** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **5** yrs. **5** mos. **5** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** **4. COLOR OR RACE** **white** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** **single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 11 - 1877**

7. AGE YEARS MONTHS DAYS **51 11 4**
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Painter**
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY)

10. NAME OF FATHER **Nicholas Voltsin**

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

12. MAIDEN NAME OF MOTHER **Paula Brier**

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

14. INFORMANT **Edward**
(Address) **City Report**

15. FILED **16 1929** **19** **1929** **19**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 15 1929**

17. I HEREBY CERTIFY That I attended deceased from **Dec 7**, 19**29** to **Dec 15**, 19**29** that I last saw him **live on** **Dec 15**, 19**29** and that death occurred, on the date stated above, at **5378**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
122 structure of urethra
108 cause unknown
136A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **operation for paralysis**
pleur. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **10/10/29**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**

(Signed) **Edward Mellinger** M. D.
15, 1929 (Address) **City Report**

*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 **DATE OF BURIAL**

20. UNDERTAKER **laborary** **10-17 1929**
Arthur J. Donnelly ADDRESS **2039 West 01**

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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