

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

Do not use this space.

39077

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 2825, Magdolia A. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 11558  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

Jada Voche

(a) Residence. No. 2825 Magdolia A. St. 23 Ward.

Length of residence in city or town where death occurred yrs. mos. da. 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 (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 8 - 1848</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>9</u>
	DAYS <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... at home

(b) General nature of industry, business, or establishment in which employed (or employer)..... housework

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Germany  
(STATE OR COUNTRY)

10. NAME OF FATHER..... Joseph Terchler

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

12. MAIDEN NAME OF MOTHER..... Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Don't know  
(STATE OR COUNTRY)

14. INFORMANT..... Oscar Voche  
(Address) 2825 Magdolia A.

15. FILED NOV 26 1929 BY W. C. Standen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1929 to Nov 25 1929 that I last saw her alive on Nov 25 1929 and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Myocarditis

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage Causing Paralysis of both legs (duration) 7 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?

(Signed) Roland A. Koel M. D.  
, 19 (Address) 2838 California Ave.

\*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..... Missouri Crematory DATE OF BURIAL Nov 27 1929

20. UNDERTAKER..... J. H. Gebken 2630 Gravois Av. ADDRESS

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.

RECORDED WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. 1/20/80  
3888 Cal. P. 1/20/80