

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

Do not use this space.

11404

1. PLACE OF BIRTH
 County St. Louis Registration District No. 786
 Township Central Primary Registration District No. 4469
 City Maplewood (No. 7951) Caroline Ave St. _____ Ward _____

2. FULL NAME Luna Talbot
 (a) Residence. No. 7951 Caroline St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23-1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>5</u>	<u>12</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework 2nd
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill

10. NAME OF FATHER Carl Voss

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

12. MAIDEN NAME OF MOTHER Mathie Fuchelkamp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT Ella Bender
 (Address) 7951 Caroline

15. FILED 3/6 31 1931 Mercedes E. Kuster
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-28, 1931, to 3-5, 1931, that I last saw him alive on 3-5, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
8219
11112
 (duration) yrs. mos. 6 .. ds.
 CONTRIBUTORY (SECONDARY) Hypostatic pneumonia
 (duration) yrs. mos. 2 .. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 7951 Caroline

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical findings
 (Signed) Frank O. Jackson M. D.

(Address) 3101² Sutton

*State the DISEASE CAUSING DEATH, and the MEANS, CAUSE, STATE (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Maplewood Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL W Hope E St Louis Ill DATE OF BURIAL MAY 7 1931

20. UNDERTAKER Cummins and Co ADDRESS 4234
W. H. Tucker Ave

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.
 APR 9 7 1931

Clifton & E. S. ...