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

Do not use this space.

15934

File No. 4406

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. 4230 Blair Ave St. Ward)

2. FULL NAME Olive Mae Voderberg

(a) Residence. No. 4230 Blair Ave St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	6	10	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(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) Mo.

PARENTS

10. NAME OF FATHER Oliver Voderberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mae Connor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Mo.

14. INFORMANT Oliver Voderberg
(Address) 4230 Blair Ave

15. FILED APR 11 1931, 19 Max C Starkel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 10 1931

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1931 to April 10, 1931 that I last saw her alive on April 10, 1931 and that death occurred, on the date stated above, at 6 40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia Poisoning
Cronic Nephritis
131
130 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

2 DID AN OPERATION PRECEDE DEATH? DATE OF (1)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Emmy Ross, M. D.

4/10, 1931 (Address) 1918 E Grand a

*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
Friedens	Apr. 13 1931
20. UNDERTAKER Math. Hermann & Son	ADDRESS 1 W. East Fair Ave.

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.