

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

Do not use this space.

22754

1. PLACE OF DEATH
 91 County St Louis Registration District No. 1178
 Township McDonald Home Primary Registration District No. 6248N
 City McDonald Home (No. St Marys Hospital) Registered No. 146 St. _____ Ward _____

2. FULL NAME Virginia Fuske
 (a) Residence. No. 1428 Silvertown Blvd. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1914
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 1 9
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. School Girl
 (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 Albert H Fuske
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Josephine Moeller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Mo

14. INFORMANT Albert H Fuske
 (Address) 1428 Silvertown Blvd

15. FILED 6/9 1931 C. L. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1931
 17. I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to June 8, 1931, that I last saw h.w. alive on June 8, 1931, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Perforated
appendicitis with general
Peritonitis
 (duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (SECONDARY) 1/26
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 1428 Silvertown

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 31-1931
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Operation
 (Signed) Joseph McKeeney, M. D.
 . 19 _____ (Address) Wynnewood 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 Lake Charles DATE OF BURIAL June 9 1931

20. UNDERTAKER A Kron & M. Co ADDRESS 2707 N Grand Blvd

JUL 28 1931

1944

1944

1944