

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.

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

Do not use this space.

10176

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1033**

City St. Louis, Mo.

500 So. Kings Highway
St. Louis Children's Hospital

File No.

Registered No. **2194**

St.

Ward)

2. FULL NAME

Virginia Voss

(a) Residence, No. Robe and Elm Ave. St. 12 Ward. Webster Groves
(Usual place of abode) Route # 6, Box 1034. (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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 1 7 99 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves Mo.

13. NAME Julius Voss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Reyna Schaefer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Schuchoff

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE March 6, 1932

19. UNDERTAKER Kriegel & Witt

(ADDRESS) Washington

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932 to March 6, 1932

I last saw him alive on March 6, 1932 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, acute Streptococci Date of onset 2-2-32
Erysipela 2-5-32
(non-tuberculous)
Mastoiditis, acute 2-23-32

Other contributory causes of importance: 108 (1)

Name of operation Throatectomy Date of March 4, 1932

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence Goldman, M. D.

(Address) St. Louis Children's Hospital

