

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.

1. PLACE OF DEATH

County..... Registration District No. *702*
Township..... Primary Registration District No. *108*
City *ST. LOUIS* (No. *4350*, *College Ave*)

File No. *21278*
Registered No. *5061*
St. Ward)

2. FULL NAME *Herman Vohsen*

(a) Residence, No. *4350 College* St. *9* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Theresa Vohsen</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>9-1-1864</i>				
7. AGE	YEARS <i>68</i>	MONTHS <i>9</i>	DAYS <i>8</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Common Labor</i>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 9, 1933*

22. I HEREBY CERTIFY That I attended deceased from *Jan 7, 1933* to *Jan 9, 1933*
I saw him alive on *June 9, 1933* Death is said to have occurred on the date stated above, at *8 A. m.*

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

Carcinoma of Stomach Date of onset *1-7-33*

Other contributory causes of importance

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	13. NAME <i>Hubert Vohsen</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Elizabeth Strobel</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT <i>Victor Vohsen</i> (ADDRESS) <i>4350 College Ave</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>6-17, 1933</i>
	19. UNDERTAKER <i>H. A. Beck and Co</i> (ADDRESS) <i>2117 E. Grand Ave</i>
	20. FILED <i>N-11 1933</i> <i>J. J. Bredek</i> Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *No*

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) *W. Emmett Lyons*, M. D.
(Address) *3802 N. Grand Blvd*

Emmett. Pyrus
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