

**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. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **De Paul Hospital**) St. (Ward)

File No. **26522**
 Registered No. **6691**

2. FULL NAME

Viola Kershaw
 (a) Residence, No. **4542 1/2 Lexington St.** **10** 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) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas W. Kershaw.					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 - 1908					
7. AGE		MONTHS		DAYS	
26		2		24	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework					
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) St. Louis, Mo.					
13. NAME Mr. B. Otten					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.					
15. MAIDEN NAME Ida Sillman					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.					
17. INFORMANT (ADDRESS) Mr. Thomas W. Kershaw 4542 1/2 Lexington					
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE July 9 1934					
19. UNDERTAKER (ADDRESS) Mr. M. Schumacher 4834 Wal Bridge					
20. FILED 111 - 5 1934					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 6, 1934
 I last saw her alive on July 6, 1934. Death is said to have occurred on the date stated above, at 7:25 A.M.
 The principal cause of death and related causes of importance were as follows:
 Ocular Dilatation of Heart
 Oedema of lungs
 Ocular nephritis
 Date of onset 7:00, 7:00, 7:00

Other contributory causes of importance:
 Compensated; NO sepsis
 NO abnormal condition
 Doctor states Compensated not the cause of death

Name of operation Date of
 Cause of death

What test confirmed diagnosis? Was there an autopsy?

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) **James G. Steegal**, M. D.
 (Address) **1901 7th Ave. St. Louis**

Registrar.

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.

AUG 15 1934

#2
St. Louis

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
6691

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Viola Kershan
Who died at _____ on July - 6 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex 7 Color or race W Single, married, widowed or divorced:

Date of birth _____ Age: Years 26 Months 2 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 146 Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute Dehydration of heart - Oedema of lungs - Acute Nephritis, comm. etc. Pregnancy, clad Patient had a four plus maseimon,

Other contributory causes of importance Confinement (no sepsis)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Bernard G. Bluegel

Address of physician 1901 Madison

Signature of Registrar J. F. Bredich 9-25-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 791

Primary Reg. Dist. No. 1003

E. T. McGaugh, M.D.
Special Agent.

26522