

SEP 25 1934

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

Do not use this space.

31535

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carroll Primary Registration District No. 62482
City St. Louis (Ind. Mo.) St. Rose Hospital St. 291 Ward

2. FULL NAME

(a) Residence, No. 1504 Nebraska av. St. St. Louis Mo
(Usual place of abode)

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 Herman Volker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12-1904

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>5</u>	<u>29</u>	<u>9</u>	<u>24</u>	

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

Housewife

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) Missouri

13. NAME Dr. C. J. Parrish

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

15. MAIDEN NAME Fannie Ruedter

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

17. INFORMANT Mr. Herman Volker
(ADDRESS) 1504 Nebraska av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set Burial Park DATE Aug. 8 1934

19. UNDERTAKER E. J. Schuur
(ADDRESS) 3125 Lafayette av.

20. FILED 8-7 1934 474 State Mo
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5 1934

22. I HEREBY CERTIFY, That I attended deceased from

-7-10-34 to 8/5/34, 1934

I last saw her alive on 8/5, 1934 Death is said

to have occurred on the date stated above, at 2:50 P.M.

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

Pulmonary tuberculosis Date of onset Jan 1931

33A

93C

23

Other contributory causes of importance:

Chronic myocarditis Date June 1939

Name of operation None Date of None

What test confirmed diagnosis None 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) _____, M. D.

(Address) 19107 S Broadway

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.

THIS IS A PERMANENT RECORD

