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

DEC 20 1934

Do not use this space. Dr Schulz

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No. 40483
Township St Charles — Primary Registration District No. 5998 — Registered No. 197
City ..... (No. Emmaus Asylum St. ..... Ward)

2. FULL NAME Lorena Voelkerding
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7th 1920
7. AGE: YEARS 14 — MONTHS 8 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Augusta Mo

FATHER
13. NAME Leo Voelkerding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Mo

MOTHER
15. MAIDEN NAME Ellen Duebbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Femme Osage Mo

17. INFORMANT (ADDRESS) Leo Voelkerding Treloar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Chas Borromeo Cem DATE Nov 10, 1934

19. UNDERTAKER (ADDRESS) W. Dallmeyer & Sons Co 8000 N 2nd St

20. FILED 11/10, 1934 Clarence G. Wessler Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1934 to Nov 7th, 1934
I last saw her alive on Nov 7th, 1934. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyaemia (none tuberculous)	Oct 7/34
54	

Other contributory causes of importance: Brain tumor (non-malignant) life Idiocy

Name of operation Thoracostomy Date of Oct 7/34
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) A P Ernst Schulz, M. D.
(Address) St Charles Mo