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

JAN 23 1935

Do not use this space.

45375

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 427
City Koch, Mo (No. Koch Hospital St. Ward)

2. FULL NAME Virginia Seng
(a) Residence, No. 1011 A Tillie St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 6 mos. 24 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) 5-4-1904

7. AGE: YEARS 30 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory
10. Date deceased last worked at this occupation (month and year) March 1928
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Harry Seng
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mamie Neff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Koch Hospital Record Koch, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Dec 24 1934

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.

20. FILED Dec 20 1934 G. Mowry (Dep) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Dec. 20, 1934
I last saw her alive on Dec 19, 1934 Death is said to have occurred on the date stated above, at 8 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1926
Broncho-Pneumonia Protablyabout	1 wk.
Other contributory causes of importance:	
Tuberculosis of Larynx.	4 yrs.

Name of operation X-Ray Date of
What test confirmed diagnosis? Sputum 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? No
If so, specify
(Signed) Paul Murphy, M. D.
(Address) Koch Mo.

Dr Cate
[illegible] Edgar Ave