MAR 5 - 1937

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

Do not use this space.

File No. 8040
Registered No. 1465

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH
County
Township
City St. Louis (No. City Hospital No.1 St. Ward)
B. 15689

2. FULL NAME Mary Volluz
(a) Residence, No. 915 Auber St., 12 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23,-1894.

7. AGE: Years 42 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Joseph Volluz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Adeline-Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE Feb.3nd. 1937

19. UNDERTAKER Wacker-Helrerle
(ADDRESS) 2331 S. Broadway

20. FILED FEB 3 - 1937 19 J.F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/29/37, 19, to 1/31/37, 19
I last saw her alive on 1/31/37, 19. Death is said to have occurred on the date stated above, at 3.45 a.
The principal cause of death and related causes of importance were as follows:

Hypothyroidism

Date of onset

Other contributory causes of importance:
Influenza

Name of operation Date of
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) Roy Greenbaum, M. D.
(Address) City Hospital No.1

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.