

JUN 12 1937

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.

Township

Primary Registration District No.

City St. Louis (No.)

791
1003
Park Lane Memorial Hospital

File No.

Registered No.

St. 18460 Ward 5036

2. FULL NAME

Dorothy Vossel,

(a) Residence, No. 4533 Emerson Avenue,

(Usual place of abode)

7 Ward.

(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)

Mar. 10, 1923

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

14

2

6

OCCUPATION

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

School

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

FATHER

13. NAME

August Vossel

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

Mo.

MOTHER

15. MAIDEN NAME

Emma Kaufman

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

St. Louis Mo

17. INFORMANT (ADDRESS)

August Vossel
4533 Emerson Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Grove

DATE May 19, 1937

19. UNDERTAKER (ADDRESS)

Math. Hermann & Son
2161 East Fair Avenue

20. FILED

MAY 18 1937

J. F. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 29, 1937, to May 16, 1937

I last saw her alive on May 16, 1937 Death is said

to have occurred on the date stated above, at 2:30 A. M.

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

Brain tumor malignant

Other contributory causes of importance:

Brain tumor

Name of operation

Craniotomy

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence), fill in 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) Wm. J. Smith, M. D.
(Address) 1934



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County

Registration District No. 991

Township

Primary Registration District No. 1003

City St Louis (No.)

File No. 18460
Registered No. 5036
St. Ward)

2. FULL NAME

(a) Residence, No. 4533 Emerald Ave Dorothy Vessel
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED D (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 14

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 9-14 1937 J. F. Bredack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the stated above, at m.

The principal cause of death and related causes of importance were as follows: Brain tumor, malignant Date of onset

Other contributory causes of importance:

Name of operation Osteoplastic flap Date of May 15
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 Frank J. Smith M. D.
(Signed) Frank J. Smith M. D.
(Address) 4930 Wendell Blvd

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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