

REC'D MAY 5 1938

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

Do not use this space.

15889

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City North (No. 36)

Registration District No. 704
Primary Registration District No. 200
Rock Hop

File No. _____
Registered No. 648 Ward _____

2. FULL NAME

Emil Votter 36

(a) Residence, No. 2721 Michigan St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 11 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Josephine Waroneke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-01

7. AGE YEARS 36 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) July 1937 11. Total time (years) spent in this occupation 10 yrs.

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

13. NAME John Votter

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

15. MAIDEN NAME Mary Votter

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

17. INFORMANT North Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE 4/12/38

19. UNDERTAKER Chulick (ADDRESS) 1716 S. Jefferson

20. FILED 4-71 1938 T.R. Neff, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1938 to 4-8 1938

I last saw him alive on 4-8 1938. Death is said to have occurred on the date stated above, at 9:40 P. m.

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

Pulmonary Tuberculosis Date of onset 1924

Other contributory causes of importance: Tuberculosis suppurativa Prostate, Tuberculosis 1 month?

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Israel James Flavel M. D.
(Address) Robert Koch Hospital

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.

Em. Blank signed
CH