

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

12
30965
 Do not use this space.

DEC'D OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **8402**
 (c) City **St. Louis, Mo.** (d) Street No. **DePaul Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **N.R.** yrs. mos. ds. (5) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Gen Rose Gertrude Voss**

(a) Residence, No. St. **LR** **Linn, Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i>		
Female	White	Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16/1923				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
15	4	10		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) Aug. 1938			
	11. Total time (years) spent in this occupation 8yrs			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Linn, Mo.			
FATHER	13. NAME Wm. J. Voss Sr.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Missouri			
MOTHER	15. MAIDEN NAME Mary Boes			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Missouri			
17. INFORMANT (ADDRESS) Wm. J. Voss Sr. Linn, Missouri.				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE Linn, Missouri DATE Sept. 28/ 1938				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 4700 Washington, Blvd.				
20. FILE SEP 26 1938 <i>J. H. Bredeck</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 26/ 1938**

22. I HEREBY CERTIFY, That I attended deceased from
Sept. 27, 1938, to Sept 25, 1938
 I last saw her alive on **Sept 24-1, 1938** Death is said to have occurred on the date stated above, at **12:45A m.**
 The principal cause of death and related causes of importance were as follows:

Sarcoma P. L. vis

1938

Other contributory causes of importance:
Lung metastasis
abdominal metastasis

Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis? **X-ray** 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 **Sediment** M. D.
 (Signed) *Sediment*
 (Address) **3720 Washington**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. Sullivan

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J. Sullivan

Licensed Embalmer No. 1122

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.