

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

13136

Do not use this space.

DEAD MAY 10 1939

791
1008

3478

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791

(b) Township St. Louis Primary Registration District No. 1008

(c) City St. Louis (d) Street No. PEOPLES Hosp. St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELNORA VOSS

(a) Residence, No. 3035 Delmar Blvd St. 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence Voss</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-7-1894</u>				
7. AGE	YEARS <u>44</u>	MONTHS <u>5</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Domestic</u>			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hemstead Texas 1</u>				
FATHER	13. NAME <u>George Lee 9</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 9</u>			
MOTHER	15. MAIDEN NAME <u>Elnora Lee 9</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Charles Parker</u> (ADDRESS) <u>3152 School St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Pk.</u> DATE <u>April 15, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>3150 Peoples Jordan J. Chambers</u>				
20. FILED <u>APR 15 1939</u> <u>J. B. Budick</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-1939

22. I HEREBY CERTIFY That I attended deceased from 2-10-1929 to 4-11-1929

I last saw him alive on 4-11-1929. Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Date of onset

Aplastic Anemia 3 mos. by

Other contributory causes of importance:
Acute Thrombotic Hemorrhoids

Name of operation Clinical Date of

What test confirmed diagnosis? C.S. Was there an autopsy? No

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) J. B. Budick, M. D.
 (Address) 822a. W. Jefferson

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry Goodin
Licensed Embalmer No. 3050
P. O. Address 4237 W. S. Abadie

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.