

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.

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

NOV 13 1939

33970
Do not use this space.

79
1008

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **8508**
(c) City St. Louis or (d) Street No. St. Lukes 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jill Gilbert Voohers **E20**
(a) Residence, No. 425 Oakwood Ave. Webster Groves, Mo. **NR** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Voohers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 10 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles Gilbert
14. BIRTHPLACE (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Margaret Mowrer
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa

17. INFORMANT John Voohers
(ADDRESS) 425 Oakwood Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Crematory DATE Oct. 5, 1939

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
(ADDRESS) Clayton Road at Concordia Lane

20. FILED OCT 4 1939 J. B. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1939 to Oct. 2, 1939
I last saw her alive on 10/2/39, 19..... Death is said to have occurred on the date stated above, at 8:10 P. M.
The principal cause of death and related causes of importance were as follows:

Lines Abscess caused by colon bacillus
Date of onset Sept. 26, 39
Other contributory causes of importance: Peritonitis 125 Sept. 27, 39

Name of operation Date of
What test confirmed diagnosis? 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) David M. Skelling, Jr., M. D.
(Address) 4500 Olive St.

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, or by.....

Edward M. Bookhorn

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Edward M. Bookhorn*

Licensed Embalmer No. 2502

P. O. Address St. Louis

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

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