

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

Do not use this space.

28988

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townshp..... Primary Registration District No. 1003  
 City St. Louis (No. 5927<sup>a</sup> Edgel Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 8097  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eugene E. Voth  
 (a) Residence. No. 5927<sup>a</sup> Edgel Ave St. 5 Ward. \_\_\_\_\_  
 (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** male  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (*write the word*) Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Elizabeth Voth  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept 7, 1885  
**7. AGE**  
 YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
43 10 27

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work. Painter  
 (b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Missouri

**10. NAME OF FATHER** John W. Voth  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Missouri  
**12. MAIDEN NAME OF MOTHER** Amelia Franke  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Missouri

**14. INFORMANT** Mrs. Geo. Bushale  
 (Address) 5927<sup>a</sup> Edgel Ave

**15. FILED** May 10 1929  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Aug 4 1929  
**17. I HEREBY CERTIFY, That I attended deceased from** March 15<sup>th</sup> 1929, to Aug 4 1929  
 that I last saw him alive on Aug 1<sup>st</sup> 1929 and that death occurred, on the date stated above, at 1:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Carcinoma of the Esophagus  
 (duration) yrs. mos. ds. \_\_\_\_\_  
**CONTRIBUTORY (SECONDARY)** 44  
 (duration) yrs. mos. ds. \_\_\_\_\_

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
**1. DID AN OPERATION PRECEDE DEATH.** yes DATE OF May 18, 29  
**WAS THERE AN AUTOPSY?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_  
 (Signed) Tom Moore, M. D.  
 (Address) Wall Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Lake Charles Cem **DATE OF BURIAL** 8-6 1929

**20. UNDERTAKER** Geo. L. Pleitsch **ADDRESS** 5966 Easton Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

BINDING

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