

REC'D FEB 10 1939

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

135
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township _____ Primary Registration District No. 1003
(c) City _____ (d) Street No. City Hospital #1 Registered No. 135
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dorothy L. Voisey
(a) Residence, No. 2328 Menard St. St. 23
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1920
7. AGE YEARS 18 MONTHS 3 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) St. Louis, Mo.

FATHER 13. NAME Alonzo F. Voisey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto, Mo.

MOTHER 15. MAIDEN NAME Ella M. Fulcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto, Mo.

17. INFORMANT Alonzo F. Voisey
(ADDRESS) 2328 Menard St., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto, Mo. DATE Jan 4, 1939

19. FUNERAL DIRECTOR Mathershead
(ADDRESS) De Soto, Mo.

20. FILED JAN 4 1939 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 7:00 P.M. 12-30, 1928, to 6:30 A.M. 1-2, 1939

I last saw her alive on 1-2, 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

chronic nephritis with uremia. This is an acute exacerbation of chronic hemorrhagic nephritis.

Date of onset

Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

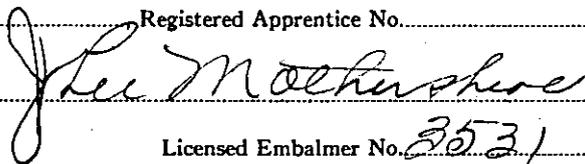
(Signed) E. P. Reh, M. D.

(Address) 1515 Lafayette St. Louis, Mo.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by
working under my personal supervision.

Signed  Registered Apprentice No.
Licensed Embalmer No. 3531

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.)