

NOV 13 1934

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

Do not use this space.

37420

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 4004 Lexington Ave.)

File No.....
Registered No. 9837
St. Ward)

2. FULL NAME Anna Voigt

(a) Residence, No. 4004 Lexington St., 10 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 Female	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 <u>Julius Voigt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1866</u>				
7. AGE	YEARS 67	MONTHS 9	DAYS 30	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as silk mill, 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, Mo.
(STATE OR COUNTRY)13. NAME Henry Nunnenkamp14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Anna Moenkemann16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Harry W. Voigt
(ADDRESS) 4733 St. Louis Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Cemetery DATE Oct. 9, 193419. UNDERTAKER Mr. M. Schumacher
(ADDRESS) 1234 Nat. Bridge20. FILED 507-8-1334 1934
J. F. Bredecks
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1934 1934

22. I HEREBY CERTIFY That I attended deceased from
Oct 3, 1934 to Oct 7, 1934
I last saw her alive on Oct 6, 1934 Death is said
to have occurred on the date stated above, at 4:20 a.m.

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

Carcinoma
Left breast with
metastasis
5 months ago.
Other contributory causes of importance 50

Date of onset

6 monthsName of operation..... Date of.....
What test confirmed diagnosis? diagnostic Was there an autopsy? no23. 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) W. M. Schumacher, M. D.(Address) 27437 Grand

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.

WHITE FEMALE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

274371 - *brunne*
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