

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

Do not use this space.

32328

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **Deaconess Hospital**) St. .... Ward)

File No. **9421**  
 Registered No. ....

**2. FULL NAME** John Voitlein  
 (a) Residence. No. 6935 Hancock Avenue St. 3 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**

**2 MEDICAL CERTIFICATE OF DEATH**

**3. SEX**  
Male

**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**  
Elizabeth Voitlein

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 17, 1860.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	69	5	2	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Scruggs-Vandervoort-Barnes

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

**10. NAME OF FATHER** George Voitlein

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Germany  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Anna Keil

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Germany  
 (STATE OR COUNTRY)

**14. INFORMANT** Mrs. John Kern  
 (Address) 6935 Hancock Avenue

**15. FILED** SEP 21 1929  
 REGISTER

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** September 19, 1929.

**17. I HEREBY CERTIFY**, That I attended deceased from August 5, 1929 to September 19, 1929 that I last saw him alive on Sept 17, 1929, and that death occurred, on the date stated above, at 10:00 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Chronic Nephritis  
131  
930  
Several (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** Chronic Myocarditis  
Several (duration) yrs. mos. ds.

**WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH 129 W

**DID AN OPERATION PRECEDE DEATH?** No DATE OF

**WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Blood  
 (Signed) Dr. C. W. ... M. D.  
Sept. 20, 1929 (Address) 3538 Humphrey

\*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** Oak Grove **DATE OF BURIAL** Sept. 23 1929.

**20. UNDERTAKER** Wacker Heister **ADDRESS** 3331 S. Bridgeway

CAUSE OF DEATH IN plain terms, so that it can be understood by the general public.

1929

PARENTS

