

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

Do not use this space.
34820

NOV 13 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **823 N. 6th St.**)

File No.....
Registered No. **9900**
St. Ward)

2. FULL NAME

Charles Voitein
(a) Residence, No. **823 N. 6th St.** **25** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 70 ✓ ✓ ✓

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **unknown**
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) **Missouri**

FATHER
13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER
15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Harold Schulz**
(ADDRESS) **Couroner Office**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Peters Field** DATE **10/10** 19. **34**

19. UNDERTAKER **Test Bros.**
(ADDRESS) **2029 Lafayette**

20. FILED **10 1934** 19 **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/20** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on..... **10/35**, 19..... Death is said to have occurred on the date stated above, at..... **6.4** a.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset **10/8**

Other contributory causes of importance:
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) **J. F. Bredeck** M.D.
(Address) **Deputy Coroner**

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.

10/8/34

RESEARCH INSTITUTE FOR SOCIAL POLICY

1975

The following information was obtained from the records of the
 Department of Social Services, State of New York, on the
 subject of the above-named individual.

On 10/15/74, the subject was interviewed by the undersigned
 and advised that he was born on 10/15/1948 in New York City,
 New York, to [redacted] and [redacted].
 The subject is currently residing at [redacted] address.
 He is currently employed as [redacted] at [redacted] location.
 The subject has no other known addresses or employment.
 He is currently in good standing with the State of New York.
 He has no criminal record in New York State or any other
 jurisdiction.

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 Department of Social Services, State of New York, on the
 subject of the above-named individual.