

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.

JAN 13 1936

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

Do not use this space.

41275

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5446 Eichelberger Ave.) Registered No. 10491
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5446 Eichelberger St. 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H Voepel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 3-1885</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Geo Doerner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Emma Kauffmann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>John H. Voepel</u> <u>5446 Eichelberger</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves</u> DATE <u>Dec 14 31</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Wagner Helderle</u> <u>2331 S. 3rd</u>		
20. FILED <u>1-13-1936</u> 19 <u>35</u> <u>J. Bredek</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1935, to Dec 10th, 1935
I last saw him alive on Dec 10th, 1935. Death is said to have occurred on the date stated above, at 11/4 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Left hemi-plegia
Date of onset Dec 5

Other contributory causes of importance: 82

Name of operation none Date of _____
What test confirmed diagnosis: Physic 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? no
If so, specify _____
(Signed) [Signature] M. D.
(Address) 3548 S. Grand

