MAR 12 1936

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

Do not use this space.

8374

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2055

City St Louis Mo (No. Alexian Bros St. ..... Ward)

2. FULL NAME Herman Voigt Sr

(a) Residence, No. 4040 California St. 15 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: Hattie Voigt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15-1881

7. AGE: YEARS 54 MONTHS 5 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tool & Die Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 180

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: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Herman Voigt Jr 918 Lemay Ferry Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old St Marcus DATE: Feb 26 36

19. UNDERTAKER (ADDRESS): Ziegenhein Bros 2623 Cherokee St

20. FILED FEB 25 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:37 P. m.

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

	Date of onset
Shock & Burns (2d & 3d degree burns of Body) due to clothing becoming ignited following a fire at residence while deceased was	

Other contributory causes of importance:
cleaning oil pump with gasoline (Burning Bldg.)
Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 2/22, 1936

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Burning Bldg.

Nature of injury 2d & 3d degree burns

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [signature], M.D.

(Address) Apaty Corner

2/24/36 (OVER)

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.

Don't know whether explosion or fire that followed caused clothing to become ignited. ~~[illegible]~~
(Building burned.)