

NOV 4 1936

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

Do not use this space.

39537

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 5115, Cabanne Ave.)

Registration District No. **791**
Primary Registration District No. **1008**

File No.....
Registered No. 10578
St. Ward

2. FULL NAME August Voss

(a) Residence, No. 5115 Cabanne Ave. St. 12 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 Dora Voss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Laundry man.

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) Sollingen
(STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown

17. INFORMANT Dora Voss
(ADDRESS) 5115 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. Oct. 23, 1936

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED OCT 22 1936 J. F. Bredack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-9-35, 19, to 10-21-36, 19.

I last saw him alive on 10-20-36, 19. Death is said to have occurred on the date stated above, at 10¹⁵A.m.

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

Gastric Carcinoma about Jan '35

Other contributory causes of importance: H/D

Name of operation Abdominal Laparotomy Date of 9-9-36

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? No.

If so, specify.....

(Signed) T.H. Hanson + C.E. Stidell, M. D.
(Address) 3651 Grandell Sq.
City.

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.

Alexander

6.175 Belman

City

10¹⁵