

NOV 28 1936

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

Do not use this space.

42879

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City. St. Louis

(No. 201 President St. Ward)

File No.

Registered No. 11437

2. FULL NAME Christian Voltz

(a) Residence, No. 201 President St. St. 24 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 8 30

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

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

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

13. NAME Christian Voltz

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

15. MAIDEN NAME Gertrude Gerlach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Charles Buettner 201 President

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks Nov 18 36

19. UNDERTAKER (ADDRESS) Wacker - Helderle 2331 S. Broadway

20. FILE NOV 18 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1936, to Nov 15 1936.

I last saw him alive on Nov 15 1936. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Cerebral hemorrhage
Pt. Nov 13 1936

Other contributory causes of importance:

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

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

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. Bredeck, M. D.

(Address) 302 S. Broadway

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.

