

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

**FEB 8 1937 791**  
Registration District No. 791  
Primary Registration District No. 1003  
(No. St. Anthony Hospital)

File No. 3117  
Registered No. 129  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Randolph Voss

(a) Residence, No. 5015 Louisiana Ave. St. 15 Ward 1  
(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 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) July 24, 1936.

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

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None  
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) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME Oliver B. Voss

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

15. MAIDEN NAME Marguerite Rummenie

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

17. INFORMANT Oliver B. Voss (ADDRESS) 5015 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE Jan. 5, 1937.

19. UNDERTAKER J. H. Gelpken & Co (ADDRESS) 2842 Heramec St.

20. FILED JAN 4 1937 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan. 1<sup>st</sup> 1936, to Jan. 2<sup>nd</sup> 1937

I last saw him alive on Jan. 2<sup>nd</sup>, 1937. Death is said to have occurred on the date stated above, at 6:15 P. m.

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

Intussusception Date of onset

Other contributory causes of importance:

Name of operation Repair Date of 1. 2. 37

What test confirmed diagnosis? Cl. Findings 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) Frank J. Edwards; M. D.

(Address) 5530 Higgins Ave.

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.

FORM 2-19-36 I X7294

