

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REGD SEP 14 1939

Registration District No.

291

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

1003

- (a) County St. Louis
- (b) City or town St. Louis
- (c) Name of hospital or institution: 4439 Athlone
(If outside city or town limits, write "RURAL" and name of township)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

8. (a) PRINT FULL NAME Charles Voss

200

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Wilhelmine Voss

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased May 31, 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Forman

11. Industry or business Steel Mill

12. Name Unk. Voss

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Voss

(b) Address 4439 Athlone Ave.

17. (a) Burial (b) Date thereof 8/16/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 2305 W. 20th St.

19. (a) AUG 15 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 4439 Athlone Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1939 hour 11 minute 35 M.

21. I hereby certify that I attended the deceased from 8/7/39 to 8/13/39, 1939
that I last saw him alive on Aug 13 and that death occurred on the date and hour stated above. 1939

Immediate cause of death _____ Duration _____

Carcinoma of the esophagus

Due to _____

Due to _____

Other conditions Myocardial infarction
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 4032 W. 3rd St. Date signed 8/14/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Geo. P. Schubert
.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Geo. P. Schubert

Licensed Embalmer No.

2212

P. O. Address.....

5118 1/2 N. Kingshighway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.