

SEP 14 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

7404

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3212 Ivanhoe ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **18 yrs.**
 years, months or days)

3. (a) PRINT FULL NAME **Jennie Jane Voitlein**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Robert L. Voitlein**
 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **October 7 1884**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	10	15	hr. _____ min. _____

9. Birthplace **Jerseyville Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
 { 12. Name **William E. Loelke**
 { 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Margarene Schreiber**
 { 15. Birthplace **New York**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Robert L. Voitlein**
 (b) Address **3212 Ivanhoe ave.**

17. (a) **Burial** (b) Date thereof **Aug. 29, 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Grove, Jerseyville, Ill.**

18. (a) Signature of funeral director **C. Hoffmeister W-Z Co.**
 (b) Address **7814 S. Broadway**

19. (a) **AUG. 28 1939** (b) **J. P. Baubach**
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3212 Ivanhoe 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 **25**
 year **1939** hour **9** minute _____ P. M.
 21. I hereby certify that I attended the deceased from **8-19-39**
 to **8-25-** 19**39**
 that I last saw her alive on **8-25-** 19**39**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Breast (R) 2 yrs**

Due to _____
 Due to _____

Other conditions **metastasis lungs - liver - stomach**

Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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 **Alfred W. Dahms** (M. D. or other)
 Address **1402 So. Grand St.** Date signed **8-26-39**

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.

Grand 2200
2-1-02

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Edwin H. Leisinger*
Licensed Embalmer No..... *4049*
P. O. Address..... *6464 Chiffon*

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.