

B 20
No. 2
11-10-39
5-17-39
I X21492

1940 FILED MAR 1 - 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8138
Registrar's No. 362

Registration District No. 784 Primary Registration District No. 109

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution:
2610 Roseland Ter.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nil 2
In this community 40 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leroy Lawrence Voorhis 620

8. (b) If veteran, name war _____ 8. (c) Social Security No. 489-10-4439

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Voorhis 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 22, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 27 hr. min.

9. Birthplace Quincey, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business Liggett & Meyers Tob. Co.

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Myrtle Voorhis
(b) Address 2610 Roseland Ter.

17. (a) Burial (b) Date thereof 2-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) FEB 20 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2610 Roseland Ter.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1940 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 12 1940 to Feb 19 1940
that I last saw him alive on Feb 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nitral stenosis Duration 5 mo

Due to Arterio sclerosis

Due to 920

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 3500 Cambridge Date 2-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

J. L. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.