

S. No. 2  
M-11-10-39  
ev. 5-17-39  
I X21492

FILED APR 19 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9312**  
Registrar's No. **2795**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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:  
**Christian Hospital 4411 N. Newstead**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **26**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **3205 N. 11 Th Str**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **25**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Mar 22**  
**1940** to **Mar 25**, 19**40**  
that I last saw him alive on **Mar 25**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage L.S.** Duration **4 days**  
Due to **Arterio Sclerosis** **2 yrs**  
Due to **chronic nephritis** **3 yrs**  
Other conditions **no**  
(Include pregnancy within 3 months of death)  
Major findings: **X**  
Of operations: **X**  
Of autopsy: **no**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME **Henry Vossel**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 19 Th 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69** --- **10** - **6** -- hr. min.

9. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer**

11. Industry or business \_\_\_\_\_

12. Name **Casper Vossel**

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

14. Maiden name **Not known**

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

16. (a) Informant **Frank Broeckling**

(b) Address **4645 Bessie Ave**

17. (a) **Burial** (b) Date thereof **March 28th**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Ronald Mack**

(b) Address **3516 N 14 Th Str**

19. (a) **MAR 26 1940** (b) **J. F. Buduh**  
(Date received and registered) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **X**

(b) Date of occurrence **X**

(c) Where did injury occur? **X** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **X**

While at work? **X** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W T Hensch** (M. D. or other) **MD**

Address **3500 N Grand** Date signed **3/24/40**

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

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *737 Lomax*

**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.**