No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 1 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16861

Registration District No. 701 Primary Registration District No. 1003 Registrar's No. 4339

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0

(c) City or town ST LOUIS 12
(If outside city or town limits write "RURAL")

(d) Street No. CHASE HOTEL
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William David Voelker 426

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily G. Voelker

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 14 (Day) 1875 (Year)

8. AGE: Years 64 Months 11 Days ---- If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired executive 1

11. Industry or business Cole storage Co.

MOTHER FATHER

12. Name John A. Voelker 0

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

14. Maiden name Sarah Jane Sprinkle

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

16. (a) Informant Mrs. Wm D. Voelker

(b) Address Chase Hotel

17. (a) Int. Mausoleum (Burial, cremation, or removal) (b) Date thereof May 16 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Wagoner Und. Co.

18. (a) Signature of funeral director

(b) Address 3621 Olive St.

19. (a) MAY 15 1940 (Date received local registrar) (b) J. F. Bedwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from May 12, 1940, to May 14, 1940; that I last saw him alive on May 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CORONARY OCCLUSION	
Due to: ARTERIO SCLEROSIS	
Due to:	
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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature O. M. Anderson (M. D. or other)

Address BARNES HOSPITAL Date signed 5-14-40

(Licensed Embalmer's Statement on Reverse Side)

Wagoner

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 3621 Olive

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

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