

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17040**  
**4558**  
Registrar's No.

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:  
**3513 N. 25th St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Henry Voss.**  
3. (b) If veteran, name war. No. \_\_\_\_\_ 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White.** 6. (e) Single, widowed, married, divorced **Widowed?**  
6. (b) Name of husband or wife **Late Elizabeth Voss.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 17 1858.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**82 10 13** hr. min.

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

10. Usual occupation **Retired Furniture Packer**

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

MOTHER FATHER { 12. Name **Bernard Voss.**  
13. Birthplace **Germany.** (State or foreign country)  
14. Maiden name **Unknown.**  
15. Birthplace **Unknown.** (State or foreign country)

16. (a) Informant **Mrs. A. Westman.**  
(b) Address **3513 N. 25th St.**

17. (a) **Burial** (b) Date thereof **6-3-41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**  
(b) Address **2223 St. Louis Ave.**

19. (a) **MAY 31 1941** (b) **J. S. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County **000**  
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL") **2019**  
(d) Street No. **3513 N. 25th St.** (If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**  
year **1941** hour **2** minute **20** P. M.

21. I hereby certify that I attended the deceased from **June 12 1936** to **May 30 1941**  
that I last saw him alive on **May 27 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
**Coronary Arteriosclerosis** **1 year**  
Due to **arterio-sclerosis general** **10 yrs**

Due to **embolism**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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 **J. S. Bredeck** (M. D. or other) **J. S. Bredeck**  
Address **622 Meloyville** Date signed **May 21, 1941**

(Licensed Embalmer's Statement on Reverse Side)

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

Room 3 Municipal Court  
West 11 St. Louis

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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, fact should be so stated above.**