

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36731

State File No.

Registrar's No. **8961**

DEC 22 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(c) Name of hospital or institution: **1310 S. 6th St. B**
(d) Length of stay: In hospital or institution.....
In private home.....
years, months or days

3. (a) PRINT FULL NAME **Johannah Voellner**
3. (b) If veteran, name war **no.**
3. (c) Social Security No. **no.**

4. Sex **Female**
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 **July 1 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **10**
If less than one day..... hr. min.

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

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER
12. Name **Ernst Voellner** **11**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Augusta Ruprecht**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Voellner**
(b) Address **215 W. Loretta Av. Lemay**

17. (a) **Burial** (b) Date thereof **11-24-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cem.**

18. (a) Signature of funeral director **Witt Bro. & Co.**
(b) Address **2929 S. Jefferson Av.**

19. (a) **Nov 12 1941** (b) **J. F. Brueck**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **DOO**
(c) City or town **1310 S. 6th St.** **19 23**
(d) Street No. **1310 S. 6th St.**
(e) If deceased born and long in U.S.A.? **Not attending Physician**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **7705** day **11**
year **1941** hour **5** minute **30p.** A.M.
21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Atherosclerosis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) **abd**

PHYSICIAN
Major findings: **abd**
Of operations **abd**
Of autopsy.....
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?.....
(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 **Thomas J. Callahan** (M. D. or other) **S**
Address **Deputy Coroner** Date signed **11/12/41**

NOV 12 1941

(Licensed Embalmer's Statement on Reverse Side)

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.....

Paul A. Shanklin

Registered Apprentice No.

working under my personal supervision.

Signed.....

Paul A. Shanklin

Licensed Embalmer No.

3472

P. O. Address.....

2929 S. Jefferson

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.