

FILED MAY 7 1947 91

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 3597

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6517 Smiley Ave.  
(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 Isabelle Voss

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Late Anton Voss 6. (c) Age of husband or wife if alive 31st years (Month) (Day) (Year)

7. Birth date of deceased March 31st 1861

8. AGE: Years 81 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Lawrence M. Muth

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

14. Maiden name Mary A. Reuter

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

16. (a) Informant Mary Voss

(b) Address 6517 Smiley Ave.

17. (a) Burial (b) Date thereof 4-23-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600  
(c) City or town St. Louis 3-17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 6517 Smiley Ave. (If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th  
year 1942 hour 1:30 minute P.M. M.

21. I hereby certify that I attended the deceased from 1-22-1936  
....., 19....., to 4-20 1942  
that I last saw her alive on 7-20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Recurrens Duration

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 P. B. Capel (M. D. or other) M.D.

Address 3284 Bradline Date signed 4-21-42

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

MOTHER FATHER

21-01

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**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 *Erwin A. McDermet*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**