

No. 2
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1942 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29260

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7458

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:
2618 S. Grand Bl. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2618 S. Grand Bl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Valeska Voigt
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 5
year 1942 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward A. Voigt
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 10, 1885
(Month) (Day) (Year)

Immediate cause of death _____
Barbituric Acid Poisoning; self administered at her home 2618 So. Grand Blvd. on Sept. 5th, 1942.
Due to _____
Exact time unknown.

8. AGE: Years Months Days If less than one day
57 1 25 _____ hr. _____ min.

Duration _____
Other conditions _____
(If include, specify within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at Home

11. Industry or business _____
12. Name Herman Bernsch
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Anna Winzenberg
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Sept. 5, 1942
(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?
In Home
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

16. (a) Informant Edward Voigt
(b) Address 2618 A. Grand Bl.
17. (a) Burial (b) Date thereof 10/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cm.
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) SEP 6 1942 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

23. Signature Thomas F. Callahan D. or other _____
Address Deputy Coroner Date signed 9/11/42

8411

(Licensed Embalmer's Statement on Reverse Side)

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

5

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17 17

9
b

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
Wm. A. Steiner

Licensed Embalmer No..... 3722

P. O. Address..... 412 Duchouquette S

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.