

ED AUG 23 1943

Registration District No. **1003**
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution:
3457 Winnebago Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ **Unknown** (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **William F. Voss**
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 **Hulda Voss** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **April 11, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	4	1	hr. _____ min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____
12. Name **Frederick Voss**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Hulda Voss**
(b) Address **3457 Winnebago St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-16-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Stucker - Walden & Co.**
(b) Address **3634 Gravois Avenue**

19. (a) **AUG 14 1943** (Date received local registrar) (b) **J. F. Bruck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,** 17
(If outside city or town limits, write "RURAL") 9/16
(d) Street No. **3457 Winnebago St.**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**
year **1943** hour **8** minute **40** A.M.
21. I hereby certify that I attended the deceased from **Aug 11**
15 to **Aug 17-13**
and that death occurred on the date and hour stated above.
that I last saw him alive on **Aug 17** 19**43**

Immediate cause of death _____
Cerebral Anoxia
Due to _____
Acute
Due to _____
Other conditions _____
(Includes pregnancy within 3 months of death) **9/4**
Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 **W. F. Bruck** (M.D. or other) **MD**
Address **1400 S. Chestnut** Date signed **8/15/43**

Smith

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 *Robin Wheeler*

3-1-21-6 Licensed Embalmer No. *2178*

P. O. Address *St Louis Mo*

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.