

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

FILED FEB 3 1944

Registration District No. 317

Primary Registration District No. 3062

Registrar's No. 255

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Brentwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2506 Helen Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1  
(Specify whether  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Brentwood 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2506 Helen Avenue 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MR. GEORGE V. VOELKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 192-073-939

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Mathilda Voelker  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased November 17, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 11 hr. min.

9. Birthplace Brooklyn, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Soft Drink Mfr.

12. Name Jacob Voelker  
13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathilda Voelker  
(b) Address 2506 Helen Avenue  
17. (a) Burial (b) Date thereof Jan. 31, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) FEB 1 - 1944 (b) E. G. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28  
year 1944 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1944, to Jan 28, 1944  
that I last saw him alive on Jan 28, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - metastases to brain and lungs Duration 9 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Cancer  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Thomas E. Edyrzal (M.D. or other) \_\_\_\_\_  
Address 3115 Grand Date signed Jan 31/44

707

18  
144

FEB 7 1944

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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.....

*G. W. Katz*  
.....  
Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis Ave.*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Feb.  
Registrar's No. 255

Registration District No. 317 Primary Registration District No. 3062

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town Greentwood  
(c) Name of hospital or institution:  
(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 George V. Wolker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 17 1907  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb Year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ 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.

Immediate cause of death Cancer metastases to brain & lung 9mo.

Due to \_\_\_\_\_  
Due to 55e

Other conditions chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: cancer - right shoulder region - metastases to brain and left chest  
Of \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_  
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 Monica Edwards (M.D. or other) MD  
Address 315 Highland Date signed \_\_\_\_\_

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

SUPPLEMENTAL

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