

FILED APR 20 1944 318

State File No. _____

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 3402

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 City Hospital
 (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 Mo. (b) County 000
 (c) City or town St. Louis 157
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4341 Beck Ave 9
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES V. VOEGTLI

3. (b) If veteran, name war SW 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Voegtli 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Jan 22 1890
 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Assistant Engineer

11. Industry or business St. Louis Refrigerating Co.

12. Name Leo Voegtli

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

14. Maiden name Elizabeth Kratzfahn

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

16. (a) Informant Emma Voegtli

(b) Address 4341 Beck Ave.

17. (a) Burial (b) Date thereof 4-14-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hirschhauser & Martens

(b) Address 4228 So. Frig. Highway

19. (a) APR 10 1944 (b) J. F. Bredsch
 (Date received local certification) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 do
 year 1944 hour 4:10 minute 12 H 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 Subarachnoid hemorrhage of brain, compound fracture of right leg when he was struck by a professional crane by one Roy Schurman at about 30 feet above the intersection of Beck Ave on Morgan road about 7:45 pm. March 28, 1944

Other conditions 170
 (Include pregnancy within 3 months of death)

Major findings: 170
 Of operations _____

Of autopsy 170

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) Accident

(b) Date of occurrence Mar. 28 1944

(c) Where did injury occur? St. Louis
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (e) Means of injury Auto

23. Signature Walter Perry (M. D. or other)

Address Deputy Coroner Date signed 4-12-44

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

Reverend

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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 *Edwin S. Mc Nematt*

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.