

FILED DEC 5 1944

Registration District No. _____ Primary Registration District No. _____

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:
3225 MONTGOMERY
(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 _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 MONTGOMERY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME LUCAS VOSSE

3. (b) If veteran, name war NONE

3. (c) Social Security No. 486-14-4865

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1944 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG 17 1883
(Month) (Day) (Year)

Immediate cause of death _____

Coronary Thrombosis

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

61 3 6 hr. _____ min.

9. Birthplace QUINCY ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation BUTCHER

11. Industry or business _____

12. Name BERNARD VOSSE

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

14. Maiden name CATHERINE
(City, town, or county) (State or foreign country)

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

16. (a) Informant Joseph Dwyer

(b) Address 2331 Mullany St

17. (a) BURIAL (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kalvary

18. (a) Signature of funeral director Bullen + Kelly

(b) Address 4386 Lindell Blvd.

19. (a) NOV 24 1944 (b) Thredach
(Date received local registrar) (Registrar's signature)

Major findings: 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:

(c) 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 James F. Johnson (M.D. or other) Coroner

Address 1306 66th Date signed 11/24/44

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

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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.