

FILED JUN 19 1945
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5140**

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

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:
4607 So. Spring /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
70-4-2 (Specify whether
 years, months or days)
 In this community.....

3. (a) PRINT FULL NAME **Philip H. Voerg**
 3. (b) If veteran, name war..... **no**
 3. (c) Social Security No. **488-05-6709**

4. Sex **male** / 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Millie**
 6. (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **Feb. 7th. 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 2 hr. min.

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

10. Usual occupation **Brewery Worker**
Busch Brewery

MOTHER FATHER

11. Industry or business.....
 12. Name **Frederick Voerg**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Bollinger**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Millie Voerg**
 (b) Address **4607 So. Spring**

17. (a) **burial** (b) Date thereof **6-12-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hiram Park**

18. (a) Signature of funeral director **W. Schumacher**
 (b) Address **3013 Meramec**

19. (a) **JUN 11 1945** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis** / **11/15**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4607 So. Spring**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9th.**
 year **1945** hour **4** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Sept 11**, 19**45**, to **June 9**, 19**45**, that I last saw him alive on **June 9**, 19**45**, and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Parenchymatous nephritis
Chronic Endocarditis
Acute Cardiac Dilatation
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations.....
 Of autopsy.....

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 **Adam Youngman** (M. D. or other) **Sydney**
 Address **439 Broadway** Date signed **6/14/45**

Francis Williamson

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 *Francis Williamson*
Licensed Embalmer No. *3565*
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.

09 11 00