

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 25 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 408

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:
2853a S. 18th St. /
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2853a S. 18th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Vosse Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. 492-07-9722

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 27 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Freight Handler

11. Industry or business Anheuser-Busch

12. Name Herman Vosse

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

14. Maiden name Anna Streckoske

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

16. (a) Informant Catherine Vosse

(b) Address 2853a S. 18th St.

17. (a) Burial (b) Date thereof 1/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. 133 Peter & Paul

18. (a) Signature of funeral director Walter Hildebrand

(b) Address 3634 Gravois Ave.

19. (a) JAN 14 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1946 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 4, 1945
to Jan. 14, 1946
that I last saw him alive on Jan 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion by thrombosis

Due to _____

Due to _____

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

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) _____
(c) Means of injury _____

23. Signature Louis E. Stocholke (M. D. or other) _____

Address 5377 Cahorn Ave. Date signed 1/12/46

ago
W/17
g
o

PH

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3227

944

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Wheeler

Licensed Embalmer No. 2128

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.