

S. No. 2
M-5-43
7. 5-17-39
X36671

FILED MAR 27 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2032**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **Saint 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 **6 weeks**
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town..... **Saint Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3110 Cherokee St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Hattie I. Voegeler**
3. (b) If veteran, name war..... **--** **3. (c) Social Security** No..... **--**

4. Sex **Female** / **5. Color or race** **White**
6. (a) Single, widowed, married, **2 divorced Widowed**
6. (b) Name of husband or wife..... **Ernest Voegeler**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **July 22, 1857**
 (Month) (Day) (Year)

8. AGE: Years **88** Months **7** Days **5** If less than one day
 hr. min.

9. Birthplace..... **Scranton Penna.**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

MOTHER FATHER { **12. Name**..... **Andrew Jackson**
13. Birthplace..... **Not known**
 (City, town, or county) (State or foreign country)
14. Maiden name..... **Not known**
15. Birthplace..... **Not known**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Ernest Voegeler**
(b) Address..... **5383 Arlington**

17. (a) Burial..... **(b) Date thereof**..... **March 2, 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Johns Cemetery**

18. (a) Signature of funeral director..... **Craig Mortuary**
(b) Address..... **4468 Washington**

19. (a)..... **MAR 1 1946** **J. F. Bredeck**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27**
 year **1946** hour **10:15** minute **00P** M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pruders grafts, pneumonia, and left heart failure**
Due to ill health since January 10, 1946, about 9:00 P.M. Dec 27, 1946

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

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:

(a) Accident, suicide, or homicide (specify)..... **Accident**
 (b) Date of occurrence..... **Jan 19 1946**
 (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?

While at work.....
 (Specify type of place) (M.D. or other)

23. Signature..... **W. J. Perry** (M.D. or other)
Address..... **1014 1/2 Bond** **Date signed**..... **3/1/46**

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

Philip M. Leung

Licensed Embalmer No. 3281

P. O. Address. 4468 Washington Blvd.

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.