V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 6 1946

State File No. 19001 4764

Registration District No. 318 1003

Primary Registration District No.

Registrar's 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:
6022 Garesche Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Perryville
(If outside city or town limits, write "RURAL") NR

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Voelker

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Voelker

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

7. Birth date of deceased September (Month) 10 (Day) 1866 (Year)

8. AGE: Years 79 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jasper Erwin
13. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rhoda Brown
15. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Beulah Anderson
(b) Address 6022 Garesche Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 28 1946 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1945, to May 24, 1946
that I last saw her alive on May 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration Don't know
Due to —
Due to —
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) X
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. R. Mennum (M. D. or other) M.D.
Address 5330 Geraldine Date signed 5/24/46

(Licensed Embalmer's Statement on Reverse Side)

4764

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..... J. Allen Lewis Jr

Licensed Embalmer No. 4053

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.