

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19002  
Registrar's No. 4531

FILED JUN 6 1946  
318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Enroute to City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Walter Voelker

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 1890 years

7. Birth date of deceased About (Month) (Day) (Year)

8. AGE: Years About 56 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Gottfried Voelker 4  
13. Birthplace Unknown Germany 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William Voelker

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 5-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus, Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 20 1946 (b) J. F. Bredack  
(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  
(If outside city or town limits, write "RURAL")  
(d) Street No. 916a South 2nd St.  
(If rural, give location)  
(e) Citizen of foreign country? No  
(Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1946 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 3 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 Myocardial Infarction  
Duration

Due to 20  
Due to

Other conditions 20  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 20  
Of autopsy 20

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) 3  
(b) Date of occurrence 5/16/46  
(c) Where did injury occur? While at work? (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) (c) Means of injury 3  
While at work? 3  
23. Signature Dr. J. F. Bredack (D. or other) 3  
Address Dr. J. F. Bredack Date signed 5/20/46

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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.....

*Henry A. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**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.**