

FILED MAY 31 1946
318

Registration District No. Primary Registration District No. 1003

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:
St. Johns Hospital
(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)

3. (a) PRINT FULL NAME Infant DOUGLAS VOORHIES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 18 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Don A. Voorhies
13. Birthplace Gaines Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Elman
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Don A. Voorhies
(b) Address 7376 Pershing Ave. University City

17. (a) burial (b) Date thereof 5-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis, Mo.

19. (a) MAY 20 1946 J. F. Braddock
(Date received and registered) (Registrar's signature)

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. 307 S. Euclid Avenue
(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 19th
year 1946 hour 12:30 minute 7 M.

21. I hereby certify that I attended the deceased from May 18
1946 to May 19 1946
that I last saw him alive on May 18
and that death occurred on the date and hour stated above.

Immediate cause of death

Respiratory collapse

Due to Prematurity

Due to Premature separation of placenta

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
(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 Matthew W. Weiss (M. D. or other) MD
Address 634 No. Grand Ave. Date signed 5/20/46

Dr. Matthew W. Weis
Missouri Theatre Building
FR-2020
Hours 12-3 P.M.

Not Embalmed

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.....

Licensed Embalmer No. *4011*

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.