

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAY 17 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19007**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4174**

1. PLACE OF DEATH:
(a) County **ST. LOUIS MO.**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **5301 PAGE BLVD. = ST. ANNS HOME =**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 YRS.**
In this community **ST. LOUIS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY VOSS**
(b) If veteran, name war **NONE**
(c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **SINGLE**
(b) Name of husband or wife **NONE**
(c) Age of husband or wife if alive years **67**
7. Birth date of deceased **NOV. 6TH 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **5** If less than one day **—** hr. **—** min. **4**

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

10. Usual occupation **NONE**

11. Industry or business **" "**

MOTHER FATHER { 12. Name **AUGUST VOSS**
13. Birthplace **GERMANY**
14. Maiden name **CHRISTINA ERNST**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. J. F. Bredeek**
(b) Address **785 Olive St. St. Louis, Mo.**

17. (a) **BURIAL** (b) Date thereof **MAY 9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM. Brookland Und. Co.**

18. (a) Signature of funeral director **1827 Hogan St.**
(b) Address **MAY 8 1946**

19. (a) **MAY 8 1946** (b) **J. F. Bredeek**
(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. **5301 PAGE BLVD.**
(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 **7TH**
year **1946** hour **5:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 7 1946** to **May 7 1946**
that I last saw him alive on **May 6 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **Uremia** Duration **1 WK.**

Due to **Acute Cystitis**

Due to **Fracture left hip**

Other conditions **Fracture left hip**
(Include pregnancy within 3 months of death)

Major findings **no**
Of organs **no**
Of autopsy **no**

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **3rd floor and fell in room at St. Ann's Home**

(b) Date of occurrence **Apr 29 46**

(c) Where did injury occur? **St. Ann's Home 5301 Page Blvd St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **no** (Specify type of place)
(e) Means of injury **no**

23. Signature **J. F. Bredeek** (M. D. or other)
Address **580 1/2 N. 1st St. St. Louis Mo** Date signed **May 7/46**

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

17800

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 M. 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.