. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38314

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 3316

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mt. St. Rose Sanitorium
(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 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3231 Taft Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME George F. Voss

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Rosa Voss

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

7. Birth date of deceased December (Month) 16 (Day) 1872 (Year)

8. AGE: Years 73 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name Henry Voss
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Raymond A. Voss
(b) Address 3231 Taft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) 11-18-46 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1946 hour 8 minute 18 A. M.

21. I hereby certify that I attended the deceased from 7-15-46, 19 , to Nov-16, 1946
that I last saw him alive on Nov 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to 13

Due to

Other conditions Chr. Myocarditis
(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?
(Specify type of place)

While at work? (e) Means of injury ( )

23. Signature Charles Ehlers (M. D. or other) M.D.

Address 7602 S. Broadway Date signed 11-18-46

(Licensed Embalmer's Statement on Reverse Side)

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 Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St. St. Louis, Missouri,

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.