

FILED NOV 19 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 93831

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: 3726 Illinois Ave.  
(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 Caroline Voelker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
4. Name of husband or wife Nicholas 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Mar 9 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Waterloo Illinois  
(City, town, or county) (State or foreign country)  
At. Home

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Hempel  
13. Birthplace Waterloo Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Henrietta Kruse  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Nicholas Voelker  
(b) Address 3726 Illinois Ave  
Burial (b) Date thereof 11/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul  
18. (a) Signature of funeral director J. H. Stephen Jones  
(b) Address 2630 Gravois Ave.

19. (a) NOV 2 1946 (b) J. F. Rudnik  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 24 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3726 Illinois 9 10  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION -  
20. DATE OF DEATH: November  
Month 1 day \_\_\_\_\_  
year 1946 hour 8 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 9-15 1946 to 11-1 1946  
that I last saw her alive on 10-31-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
Duration \_\_\_\_\_

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) \_\_\_\_\_  
(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 O. Key & Jones (M. D. or other) M D  
Address 3616 Os Biddy Date signed 11-1-46

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

**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.....

*Robert F. Gebken*

Licensed Embalmer No. **4144**

P. O. Address **2630 Graves Ave**

**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.**