

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41929  
State File No. 41929  
Registrar's No. 3469

Registration District No. 317 Primary Registration District No. 2002

1. PLACE OF DEATH:  
(a) County St. Louis,  
(b) City or town St. University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7412 Wayne Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Margaret Mary Voigtman  
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 Widow  
6. (b) Name of husband or wife Max W Voigtman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec, 29, 1858  
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Connell  
13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McDermeth  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Dolan  
(b) Address 7412 Wayne Ave, St. City  
17. (a) Burial (b) Date thereof 12/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Stroop - Carroll  
(b) Address 4600 Natural Bridge Ave

19. (a) 2-10-46 (b) Ruth G. Allen  
(Date received local registrar) (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. 5368 Union Blvd (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 6 year 1946 hour 12 minute 50 PM M.  
21. I hereby certify that I attended the deceased from Nov 20 to Dec 6 1946 that I last saw h. or alive on Dec 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 yrs.  
Cor Arteriosclerosis General 93d  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
23. Signature J. W. Allen (M.D. or other) \_\_\_\_\_  
Address 1114 W. 7th St. Date signed 12/6/46

**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

*Ben C. Hoffme*

Licensed Embalmer No.

*H-366*

P. O. Address

*Honus, W*

**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.**