

FILED DEC 23 1946

Registration District No. **318** Primary Registration District No. **1003**

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

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:
2870^{1/2} McNair Av. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Peter G. Voltmann
3. (b) If veteran, name war no
3. (c) Social Security No. 770

4. Sex Male **5. Color or race** white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Helene Voltmann **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Jan. 8 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Laborer

11. Industry or business _____
12. Name William Voltmann
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Unk
15. Birthplace Unkn U
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Kautzner
(b) Address 4055 McRae Av.

17. (a) Burial **(b) Date thereof** 12-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Com.

18. (a) Signature of funeral director with bro: L. N. G.
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 18 1946 **(b) Registrar's signature** J. F. Brudeck
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____
 (c) City or town St. Louis 24/17
(If outside city or town limits, write "RURAL")
 (d) Street No. 2870^{1/2} McNair Av. / 9
(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 15
 year 1946 hour 7 minute 00 p. -M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of the liver
Due Chronic Myocarditis
Due to _____

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)
 (e) Means of injury _____

23. Signature Catrick E. Jaylor (M. D. or other) _____
Address Box 2 **Date signed** 12/18/46

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..... *H. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 So. Jefferson a*

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.