

No. 2  
-12-45  
-17-39  
X47070

FILED MAY 9 1947

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:  
7068 Winona  
(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)

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. 7068 Winona  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Harry B. Voorhees

3. (b) If veteran, name war World War I 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loretta Voorhees 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 20, 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	11	4	hr. min.
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9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Albert Voorhees

12. Name Iowa

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Becker

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Voorhees

(b) Address 7068 Winona, St. Louis, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof 4-26-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) APR 26 1947 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th  
year 1947 hour 7 a.m. minute..... M.

21. I hereby certify that I attended the deceased from 9-13-46  
....., 19..... to 4-24, 19.....

that I last saw him alive on 4/23, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Acute Cardiac Distention 1 day  
Cholera Myocarditis 9 mo.

Duration.....

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?  
..... (Specify type of place)

While at work?..... (Specify type of place)

23. Signature J. F. Bredbeck (M. D. or other) MD  
Address 5703 Chippewa Date signed.....

MAY 23 1947

62773

Dr. Bindbeutel,  
5203 Chippewa,  
Hu. 8028

**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 J. W. Binkley  
Licensed Embalmer No. 3650  
P. O. Address St. Louis Mo.

**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.