

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

29618
State File No. *29618*
Registrar's No. *7545*

FILED AUG 21 1947
318
Registration District No. *318*

Primary Registration District No.

WRITE PLAINLY—USING 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..... **City Hospital**
(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..... **Mo.** (b) County..... **000**

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

(d) Street No..... **4558 Emerson Ave.** **9**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3: (a) PRINT FULL NAME **Frederick F. Voigtmann**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **8**
year **1947** hour **9:45** minute **58** A. M.

4. Sex..... **male** 5. Color or race..... **white**

6. (a) Name of husband or wife..... **Charlotte Voigtmann**
6. (c) Age of husband or wife if alive..... **61** years

7. Birth date of deceased..... **May 30 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19....., and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	67	2	8hr.min.

Immediate cause of death.....
Heart of heart

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

Due to..... **1947**

Due to.....

10. Usual occupation..... **Maintenance Man**

Other conditions.....
(include pregnancy within 3 months of death)

11. Industry or business..... **Eisentadt Mfg. Co.**

Major findings: Of operations..... **4.0**

12. Name..... **Paul L. Voigtmann**

Of autopsies.....

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

14. Maiden name..... **Sarah Mahoney**

15. Birthplace..... **St. Louis Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Charlotte Voigtmann**

(b) Address..... **4558 Emerson Ave.**

17. (a) **Burial** (b) Date thereof..... **8-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Drehmann-Harral**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. (a) **AUG 9 1947** (b) *Robert*
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **000**

(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..... Means of injury..... **3**

23. Signature..... *Robert* (M. D. or other) **3**
Address..... Date signed **8/9/47**

18

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

P. O. Address.....

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.