

No. 2  
-12.45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 14 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 36363

Registrar's No. 10277

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4507a Fair Avenue  
(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 AUGUST W. VOSS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-01-3113

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alma (Hugo) Voss 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased January 16 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 9 19 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Butler Brothers

12. Name Fred Voss

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Schlueter

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

16. (a) Informant Mrs. Alma Voss

(b) Address 4507a Fair Avenue

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

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

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 No. Kingshighway

19. (a) NOV 7 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4507a Fair Avenue 9  
(If rural, give location) 10  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5  
year 1947 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from April 5  
1947 to November 1 1947;  
that I last saw him alive on November 1 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to Myocarditis - Ch

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) (e) Means of injury 9

23. Signature Arthur F. Trotter (M. D. or other) Dr  
Address 3117 Lafayette, St. Louis, Mo. Date signed 11/6/47

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

MOTHER FATHER

---

---

**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. Wilkinson*

Licensed Embalmer No..... *3575*

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.**