S. No. 2
M—1/47
. 5-17-39

#78190

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40280

State File No.

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10765

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5423 Genevieve
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AUGUST VOELKER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Augusta
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 9th (Day) 1856 (Year)

8. AGE: Years 91 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Shipping clerk (retired)
11. Industry or business

FATHER
12. Name August Voelker
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johanna Giese
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Walter Voelker
(b) Address 5423 Genevieve
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd year 1947 hour 1 minute 10 A M.
21. I hereby certify that I attended the deceased from 10/5/47, 19, to Nov. 23rd 1947; that I last saw him alive on Nov. 23rd 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to
Due to Arteriosclerotic heart disease
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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)
(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? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 1515 Lafayette Date signed 11/24/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Albert A. Thompson

Licensed Embalmer No. 4237

P. O. Address St Louis

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.