

FILED NOV 22 1947
Registration District No. **318**

Primary Registration District No. **100E**

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:
5130 Cates Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **60 yrs.**
years, months or days)

3. (a) PRINT **George E. Voss**
FULL NAME
3. (b) If veteran, name war.....
3. (c) Social Security No. **486-16-2357**

4. Sex **male** Color or race **white**
5. Color or race.....
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Jan 1, 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **5**
If less than one day hr. min.

9. Birthplace **Boston** **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tuck Painter**

MOTHER FATHER
11. Industry or business.....
12. Name **Charles Voss**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia Leutchford**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ann Brightfield**
(b) Address **3332 Michigan**

17. (a) **Burial** (b) Date thereof **11-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Semetary**

18. (a) Signature of funeral director **John L. Ziegenhein & Sons**
(b) Address **7027 Gravois Ave**

19. (a) **NOV 10 1947** (b) **J. J. Brodeur**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5130 Cates Ave.** **9**
12 (If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6**
year **1947** hour **6** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Aug 21**, 19**47** to **Nov. 6**, 19**47**.
that I last saw him alive on **Oct 17**, 19**47**.
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Coronary occlusion**
Due to **arteriosclerotic heart disease**

Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Major findings: **97%**
Of operations.....
Of autopsies.....
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 **H. F. Bergman** (M. D. or other) **M.D.**
Address **3220 Washington** Date signed **11/10/47**

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

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..... *Francis J. Owens*

Licensed Embalmer No. *2248*

P. O. Address. *at home*

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.