

FILED JAN 21 1948

Registration District No. 3068

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo., 2 days  
(Specify whether)

In this community 60 Years  
years, months or days

3. (a) PRINT FULL NAME Marie Voney

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

3. (c) Social Security No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Geo.

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Jan. 21 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>16</u>	hr. .... min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Joseph Schubahn

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

14. Maiden name not known

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

16. (a) Informant Henry Voney

(b) Address 729 Shenandoah

17. (a) burial (b) Date thereof 1-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Schumacher Und. Co.

18. (a) Signature of funeral director 3913 Meramec

(b) Address 3913 Meramec

19. (a) 1-10-48 (b) Beal  
(Date received local registrar) (Registrar's signature)

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. 3930 Loughborough Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th.  
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1947 to Jan 7, 1948  
that I last saw her alive on Jan 6, 1948  
and that death occurred on the date and hour stated above. Duration 1948

Immediate cause of death Senility Chronic Myocarditis

Due to.....

Due to..... 930

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

Major findings:  
Of operations.....

Of autopsy.....

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.....

23. Signature [Signature] (M. D. or other) Jan 8, 48

Address 21. City Date signed Jan 8, 48

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

MOTHER FATHER

7510 DELMAR  
PA. 6425

**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 Williamson

Licensed Embalmer No. 3565

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.