S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7156

FILED FEB 20 1948 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 1334

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: 7321 S. Grand Blvd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

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. 7321 S. Grand Blvd., (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Jennie W. Voirol
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July 1, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	7	5	hr. ____ min.

9. Birthplace France (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business ____
FATHER
12. Name Unk Dauer
13. Birthplace Europe (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace France (City, town, or county) (State or foreign country)
16. (a) Informant Miss Winifred Voirol
(b) Address 7321 S. Grand Blvd.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Bredeat (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th year 1948 hour 12 minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan 30, 1948, to Feb 6, 1948 that I last saw he alive on Feb 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage (apoplexy)	7 day
Due to	
Due to Arteriosclerosis	Chronic
Other conditions (Include pregnancy within 3 months of death) Chronic interstitial nephritis	Chronic

Major findings:
Of operations ____
Of autopsy 121

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 Ray C. Griffith (M. D. or ~~other~~)
Address 770 Arcade Building Date signed 2/6/48

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

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

1334

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. Wm Buckley

Licensed Embalmer No. 3653

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.