FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18116

FILED JUN 1 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4694

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: 2036 East John Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether in this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 100

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 2036 E. John Ave (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 9 N

If yes, name country

3. (a) PRINT FULL NAME: Elizabeth Margaret Voss

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charles B. Voss

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

7. Birth date of deceased: October 14, 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 5 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Penn. (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

MOTHER FATHER

12. Name: Louis Langhauser

13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

14. Maiden name: Unknown Dornburg

15. Birthplace: Unknown (City, town, or county) Penn. (State or foreign country)

16. (a) Informant: Charles B. Voss

(b) Address: 2036 East John Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/22/48 (Month) (Day) (Year)

(c) Place: burial or cremation: New Pickens Cemetery

18. (a) Signature of funeral director: Math Hermann & Son, Inc.

(b) Address: 2161 East Fair Ave

19. (a) MAY 20 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19, year 1948 hour 3:30 AM minute M.

21. I hereby certify that I attended the deceased from May 10 19, to May 19, 1948 that I last saw her alive on May 19, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Acute bronchitis, cardiac

Due to: Gallbladder disease

Due to: Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death): 0 8

Major findings:

Of operations:

Of autopsy:

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: [illegible] (M. D. or other)

Address: 1918 East [illegible] Date signed

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

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 William F. Buckholz

Licensed Embalmer No. 2110 S

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.