

FILED DEC 2 1948 318

Registration District No. ....

Primary Registration District No. .... 1005

Registrar's No. .... 9989

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:  
4130 Beethoven 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.....  
years, months or days)

3. (a) PRINT FULL NAME Anna Voigt  
3. (b) If veteran, name war..... \*\*\*\*\*  
3. (c) Social Security No. .... \*\*\*\*\*

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Widow / 2  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased February 28 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>18</u>	hr. .... min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Joseph Lotter / 4

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

14. Maiden name Julia Ruffman / 4

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

16. (a) Informant Melba Klath

(b) Address 4265 Holly Ave

17. (a) Burial / (Burial, cremation, or removal) (b) Date thereof 11-19-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegler Bros

(b) Address 6409 Gravois Ave

19. (a) NOV 18 1948 / (Date received local registrar) (b) J. B. Lester / (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County 000  
(c) City or town St. Louis / (If outside city or town limits, write "RURAL.")  
(d) Street No. 4130 Beethoven Ave / (If rural, give location)  
(e) Citizen of foreign country? 15 / (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day November  
year 1948 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from JAN. 1947 to NOV. 16 1948  
that I last saw her alive on NOV. 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis / Duration 1 day  
Due to Arteriosclerotic Heart Disease / 1 year

Due to.....

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations..... / Of autopsy..... / PHYSICIAN

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 0

23. Signature Robert W. Ticheur / (M. D. or other) M.D.

Address 4602 Gravois St. Louis 16 / Date signed 11-17-48

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

2  
42  
-39  
132673

**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.....  
.....  
working under my personal supervision.

Signed..... *Henry M. Brammer* Registered Apprentice No.....  
Licensed Embalmer No. *4200*  
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.**