

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 2 1949

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>826</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>4026 ARSENAL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) <u>-</u> c. (Last) <u>VOIGT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 26 1949</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 26, 1874</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>-</u>		IF UNDER 12 HRS. Hours <u>-</u> Min. <u>-</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MESSANGER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS ENGRAVING</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>AUGUST VOIGT</u>			13b. MOTHER'S MAIDEN NAME <u>ROSALIE FREDERICKS</u>		14. NAME OF HUSBAND OR WIFE <u>DOLLIE C. VOIGT</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Collapse</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> <u>Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1122' 9"</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Sept 1945</u> , to <u>Jan. 26, 1949</u> , that I last saw the deceased alive on <u>Jan. 26, 1949</u> , and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Prof. J. M. D. A.</u> (Degree or title)				23b. ADDRESS <u>2624 S. Jefferson</u>		23c. DATE SIGNED <u>1/27/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>			
DATE REC'D BY LOCAL REG. <u>JAN 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutia</u> ADDRESS <u>2906 Yearwood</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 13 1980  
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Home. 5046 A Strawn.  
LA 3585  
L03785

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Leo J. Budd*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3989

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.