

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31440

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 1694

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Florissant</b>	
c. LENGTH OF STAY (In this place) <b>12 days</b>		d. STREET ADDRESS (If rural, give location) <b>Rural R#3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>William</b>	b. (Middle) <b>Charles</b>	c. (Last) <b>Voges</b>	(Month) (Day) (Year) <b>Sept. 18, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7, 1879</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (State or foreign country) <b>Bonfils, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Voges</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Barklage</b>	14. NAME OF HUSBAND OR WIFE <b>Mathilda G. Voges</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mathilda G. Voges Florissant, Mo. R#3</b>
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.		19. ADDRESS <b>None</b>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sanguine left foot.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>unknown</b>
DUE TO (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>4501</b>

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>

22. I hereby certify that I attended the deceased from **Sept. 10, 1949**, to **Sept. 18, 1950**, that I last saw the deceased alive on **Sept. 18, 1950**, and that death occurred at **11:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Don Z. Randall M.D.</b>		23b. ADDRESS <b>207 N. 5th St. Charles Mo.</b>		23c. DATE SIGNED <b>Sept 20 1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-21-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pattonville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-20-50</b>	REGISTRAR'S SIGNATURE <b>Francis Skuelling</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barnham Bros Inc.</b>		ADDRESS <b>2501 Woodson Rd Overland-11-Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

RECEIVED  
SEP 25 1950

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 3454

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*David C. Gibson*

Licensed Embalmer No. 3454

P. O. Address Oakland, Ca.

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.