

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28948**
Registrar's No. **74**

FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve			
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Memorial Hosp.				d. STREET ADDRESS (If rural, give location) 0951			
3. NAME OF DECEASED (Type or Print) Stella		a. (First)		b. (Middle) Voelker		c. (Last)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 23, 1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leo Monia		13b. MOTHER'S MAIDEN NAME Margaurite Coffel		14. NAME OF HUSBAND OR WIFE Jesse Voelker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jesse Voelker, Ste. Genevieve, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 wks 12 yrs. 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 29 July, 1952 , to 2 Sept, 1952 , that I last saw the deceased alive on 2 Sept, 1952 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Richard D. Grayson		23b. ADDRESS O. H. D. Perryville, Mo.		23c. DATE SIGNED 3 Sept 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-6-52		24c. NAME OF CEMETERY OR CREMATOR Home Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri	
DATE REC'D BY LOCAL REG. Sept. 4-1952		REGISTRAR'S SIGNATURE Jesse Voelker		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo		ADDRESS	

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4027

P. O. Address Perryville

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.