

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45130

No. 906  
10-48

State File No. \_\_\_\_\_

FILED JAN 26 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12130

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, MISSOURI</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>ST. LOUIS CITY HOSPITAL #1</u>		d. STREET ADDRESS (If rural, give location) <u>26 1948 Branch St.</u>	
3. NAME OF DECEASED (Type or Print) <u>AUGUST</u> a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH <u>DECEMBER 31 1952</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 16, 1879</u>
9. AGE (In years: last birthday) <u>73</u>		10. MONTH <u>2</u>	11. DAY <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Vossmeier</u>		13b. MOTHER'S MAIDEN NAME <u>Not. Known.</u>	
14. NAME OF HUSBAND OR WIFE <u>Alpha Vossmeier</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state branch or service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Vossmeier</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Cerebral arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Pneumonia - rt lower lobe</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>	
22. I hereby certify that I attended the deceased from <u>12-5-52</u> , 19 <u>52</u> , to <u>12-31-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-31-52</u> , 19 <u>52</u> , and that death occurred at <u>5:50Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. Wallace M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>1-2-53</u>		24. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 3, 1953</u>	
24c. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz-Koeller</u>	
25. ADDRESS <u>5967 W. Florissant Ave</u>		DATE REC'D BY LOCAL REG. <u>JAN 2 1953</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith</u>		26. (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 Wilfred G. Buschholz

Licensed Embalmer No. 4551

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.