

STANDARD CERTIFICATE OF DEATH

3879  
State File No. 0694

FILED FEB 3 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0694

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 21 3425 Delmar Blvd 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			
3. NAME OF DECEASED a. (First) Ella (Type or Print)		b. (Middle)	c. (Last) Voss
4. DATE OF DEATH Jan 17 1953	5. SEX 3 Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Dec 26 1879	9. AGE (In years last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Hopkinsville Ky
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME William Shouse	13b. MOTHER'S MAIDEN NAME Louise Cox	14. NAME OF HUSBAND OR WIFE Andrew Voss (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Castleman 3425 Delmar Blvd	

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) <i>Fr of left hip; Arteriosclerosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>when she fell in her home</i> DUE TO (c) <i>Jan 7 1953 about 6:25 pm</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>no Accident</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <i>Home</i>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <i>St Louis Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan 7 53 6 pm</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E9040</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *2:40 p.m.*, from the causes and on the date stated above. *21*

22a. SIGNATURE (Degree or title) <i>Walter Perry Deputy Coroner</i>	23b. ADDRESS 1300 Clark Avenue	23c. DATE SIGNED 1/21/53
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE 1-22-1953	24c. NAME OF CEMETERY OR CREMATORY Oak Dale
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	25. FUNERAL DIRECTOR'S SIGNATURE <i>J.H. Randle &amp; Son</i>	ADDRESS 3133 Bell Ave
DATE REC'D BY LOCAL REG. JAN 21 1953	REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>	

(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

*S. J. Watson*

Licensed Embalmer No. *269*

P. O. Address *2769 Chouteau*

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.