

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12461

State File No. \_\_\_\_\_  
Registrar's No. 3381

FILED APR 10 1953  
BIRTH NO. 26416 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) St. Louis		c. LENGTH OF STAY (in this place) 9 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		f. STREET ADDRESS (If rural, give location) 4372 Gibson avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Meryl	
		c. (Last) Votaw	
4. DATE OF DEATH (Month) (Day) (Year) 3-25-53			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 3-16-53
9. AGE (In years last birthday) 9		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Floyd Votaw		13b. MOTHER'S MAIDEN NAME Doris Patet	
		14. NAME OF HUSBAND OR WIFE none	
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 Floyd Votaw, 4372 Gibson ave.		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS 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 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? 7544			
22. I hereby certify that I attended the deceased from <u>3-16</u> , 19 <u>53</u> , to <u>3/25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/25</u> , 19 <u>53</u> , and that death occurred at <u>3:35 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Seymour M. Schlosky MD</u>		23b. ADDRESS <u>216 So Kingshighway</u>	
23c. DATE SIGNED <u>3-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE <u>3-27-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
DATE REC'D BY LOCAL REGISTRY <u>MAR 30 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Aker</u>		ADDRESS <u>4104 Manchester ave.</u>	

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. E. Eubank*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*W. E. Eubank*

P. O. Address.....

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.