

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20003**
Registrar's No. **4913**

FILED JUN 1 - 1953

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PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4913	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 5wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		d. STREET ADDRESS (If rural, give location) 2209 3724 GLASGOW.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home							
3. NAME OF DECEASED (Type or Print) Melvina		a. (First)		b. (Middle)		c. (Last) Voelker	
4. DATE OF DEATH (Month) (Day) (Year) 5 14 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 11-21-1878		9. AGE (In years last birthday) 74		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 (City and State or Foreign Country) Tt Madison, Iowa				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME CARL VANATOR		13b. MOTHER'S MAIDEN NAME ELLEN MILLER		14. NAME OF HUSBAND OR WIFE John H. Voelker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Voelker, 3724 Glasgow			
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) Cerebral accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac Condition 1 yr. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x			
22. I hereby certify that I attended the deceased from JAN 10 , 19 51 , to MAY 14th , 19 53 , that I last saw the deceased alive on MAY 12 , 19 53 , and that death occurred at 12:30am from the causes and on the date stated above.							
23a. SIGNATURE Walter S. Smith M.D.				23b. ADDRESS 2202 University St.		23c. DATE SIGNED 5/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-16-1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St Louis County	
DATE REC'D BY LOCAL REG. MAY 15 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger Fenwick Funeral Home 3402 N. Kingshighway Hwy			

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

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Dr Arthur Gundlach
2202 University.
Fri. 12;30 to 6Pm.

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 _____

Thomas F. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 W. Kingshighway

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.