

STANDARD CERTIFICATE OF DEATH

State File No. **26983**
Registrar's No. **6666**

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY City | | 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) 62 yrs | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Res 5459 Cabanne Ave. | | | |
| e. STREET ADDRESS 5459 Cabanne Ave. | | f. (If rural, give location) 2009 | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Miss ALMA | b. (Middle) THERESA | c. (Last) VOELKER | 4. DATE OF DEATH (Month) (Day) (Year) July 3, 1953 |
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| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH June 22, 1889 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary | 10b. KIND OF BUSINESS OR INDUSTRY National Lead Co. | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Jerome August Voelker | 13b. MOTHER'S MAIDEN NAME Mary M. Scheer | 14. NAME OF HUSBAND OR WIFE None |
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| 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. 492-05-6857 | 17. INFORMANT'S SIGNATURE OR NAME Mr. Frederic E. Voelker | ADDRESS 5459 Cabanne |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Sudden death 5 yrs. 10 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis & Infarct | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) Arterial Hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis (Nov. 1952) | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 420.1 |
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| 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? |
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22. I hereby certify that I attended the deceased from **Apr. 24, 1948**, to **July 3, 1953**, that I last saw the deceased alive on **July 2, 1953**, and that death occurred at **11 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Hiram L. Rigney M.D. | 23b. ADDRESS 3720 Wash St Blm | 23c. DATE SIGNED 7/6/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 7, 1953 | 24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Missouri |
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| DATE REC'D BY LOCAL REG. JUL 6 1953 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc. | ADDRESS 6175 Delmar Blvd. |
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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.....
Signature of Student Embalmer

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. *246*.....

P. O. Address *6175-2*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.