

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. **37674**
9588
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY OR TOWN Belleville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist				e. STREET ADDRESS (If rural, give location) 4132 W. Pine				8120 8	
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) _____			c. (Last) Voegtle		4. DATE OF DEATH (Month) (Day) (Year) 10 2 1953	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 1/18/1890		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jacob Voegtle			13b. MOTHER'S MAIDEN NAME Louisa Bilger			14. NAME OF HUSBAND OR WIFE - -			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. P. Ackerman Belleville, Ill.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE ANTERIOR MYOCARDIAL INFARCTION						INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PERIPHERAL CIRCULATORY FAILURE						4 DAYS	
		DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DIS.						5 YEARS	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS						10 YEARS	
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) 443 X					
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? _____					
22. I hereby certify that I attended the deceased from Nov. 1, 1952 , to Oct. 2, 1953 , that I last saw the deceased alive on Oct. 2, 1953 , and that death occurred at 8:25 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert A. Hall M.D.				23b. ADDRESS 3902 LAFAYETTE ST. LOUIS, MO.			23c. DATE SIGNED Oct. 2, 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/5/53		24c. NAME OF CEMETERY OR CREMATORY Walnut Hill		24d. LOCATION (City, town, or county) (State) Belleville, Ill.			
DATE REC'D BY LOCAL REG. OCT 7 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			FUNERAL DIRECTOR'S SIGNATURE John L. Smith		ADDRESS Belleville, Ill.		

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.....

Licensed Embalmer No. 495

P. O. Address.....
Sh. Linn

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.