

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011900
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 795

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GARDENVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN GARDENVILLE 4810 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4959. HUMMELSHEIM YRS | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 4959 HUMMELSHEIM |
| 3. NAME OF DECEASED (Type or print) First AMALIA Middle Last VOIGT | | | 4. DATE OF DEATH Month MARCH Day 22 Year 1959 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH OCT. 7, 1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 13a. FATHER'S NAME JOHN GASS | | 13b. MOTHER'S MAIDEN NAME KATRINA PFEIFFER | 14. NAME OF HUSBAND OR WIFE GUSTAV VOIGT (DECEASED) |
| 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 MELBA WICK ROBERT DEVIS DR. 9433 Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis; Heart Disease - | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200 | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 2-14-58 to 3-21-59 and last saw her alive on 2-19-59 Death occurred at 1 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. M. Romanetsky M.D. | | 22b. ADDRESS 6402 Margaret | 22c. DATE SIGNED 3-22-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 3/25/59 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY | 23d. LOCATION (City, town, or county) (State) AFTON Mo. |
| 24. FUNERAL DIRECTOR J. L. ZIEGENHEIN & SONS | | ADDRESS 7027 GRAVOIS | 25. DATE RECD. BY LOCAL REG. 3-25-59 |
| 26. REGISTRAR'S SIGNATURE John C. Murphy, M.D. | | | |

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 *Donald E. Benji*

Licensed Embalmer No. *4563*

P. O. Address *H. L. ...*

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.