

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035502

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2532

STATE FILE NUMBER

AMENDED

FILED SEP 18 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Johns	a. STATE Missouri	b. COUNTY St. Louis
Length of stay in 1b 1Yr		c. CITY OR TOWN Normandy	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Habbart Nursing Home		d. STREET ADDRESS (If outside, give location) 7448 Hillsdale Dr.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Emil	Middle Voigt	Last Voigt	4. DATE OF DEATH	Month 9	Day 7	Year 61
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5. SEX Male	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 7-16-75	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Const.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Unk Voigt	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE Minnie Voigt Dec.
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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. UNK	17. INFORMANT Address Helen Powers 7448 Hillsdale Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 11 mo.
IMMEDIATE CAUSE (a)	Chr. Myocarditis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Arterio-sclerosis
	DUE TO (c)	4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Sept 24, 1961 to Sept 7, 1961 and last saw him alive on Sept 7, 1961
Death occurred at 8:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. A. Diehr M.D.	22b. ADDRESS 9385 Pappe Blvd St. Louis, Mo	22c. DATE SIGNED 9/8/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-11-61	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR ADDRESS J.W. Clark F.H. 1125 Hodiament Ave.	25. DATE RECD. BY LOCAL REG. 9-8-61	26. REGISTRAR'S SIGNATURE John B. Minifly M.D.
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DATE REVISED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Dr. M. A. Diehr
9385 Page Ave.
Ha 8-8100 11-2pm

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. 450

P. O. Address St Louis, Mo.

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.