

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033^a
 City Clayton (No. St. Louis Co. 2604) St. _____ Ward _____

File No. 10361

Registered No. 85

2. FULL NAME

Frederick J. Voepel
 (a) Residence, No. 6644 Kingsbury St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna E. Voepel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Retail
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Fred. Voepel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anna E. Voepel
 (ADDRESS) 6644 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE March 22, 1934

19. UNDERTAKER Mullen and Co.
 (ADDRESS) 5165 Delmar Blvd.

20. FILED 3/21 1934 Robt J. Anagnost Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/34 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance here as follows:

Monoxide gas-poisoning. From every evidence was accidental. Working on his car in the garage, with tools and parts of the car scattered about fenders and running board. Hood off the car. Whisp broom in his hand, which he had just gotten from the house, to clean out the interior of the car.

Name of operation al. Cooper's view
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acct. Date of injury 3/19/34
 Where did injury occur? 6644 Kingsbury
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury monoxide gas poisoning
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) Lucretia B. Turner M.D. 3/20/34

(Address) 3718 Jennings St. (R1)
St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

Was called by telephone . The maid of the house went out to the car and called him to the phone and after two or three loud shouts had no response and became alarmed and carried the message back to the house.

The University City fire department was called . Was taken to the County Hospital and pronounced dead. Accident happened at 6644 Kingsbury, St. Louis County.