

JAN 24 1938

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

46738
Do not fill this space

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790
 (b) Township Clayton Primary Registration District No. 6033A
 (c) City Clayton (d) Street No. St. Louis County Hospt. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Voges

(a) Residence, No. 7215 Bruno, Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Voges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23. 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Heat Cutter
 9. Industry or business in which work was done, as saw mill, bank, etc. 118
 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) St. Louis Mo.

FATHER 13. NAME Henry Voges. 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER 15. MAIDEN NAME Sophie Grabbe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Rowena Voges. (ADDRESS) 7215 Bruno, Maplewood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Dec. 22. 1937

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home. (ADDRESS) 7456 Manchester, Maplewood Mo.

20. FILED 17/21 1937 Ray Squorelli Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mon. Dec. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
ruptured aneurysm of the heart
 Date of onset

Other contributory causes of importance:
None
 Name of operation None Date of _____
 What test confirmed diagnosis autopsy Was there an autopsy Yes

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

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) John J. Connell M. D.
 (Address) Carroll, 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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.
Signed John Ketter
Licensed Embalmer No. 3880

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.)