

REC'D JUN 9 1938

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

16261

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **DePaul Hospital** Registered No. **4122**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 **Infant James J. Voss**

(a) Residence, No. **17 Larimore Road, Baden Station** **200** **NP** **Baden Sta., Mo.**
(Usual place of abode, if no street address, write county or city) (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 3, 1938**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, **10** hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** **0**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Joseph Voss** **0**

14. BIRTHPLACE (CITY OR TOWN) **Union** **0**
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Emma C. Birke**

16. BIRTHPLACE (CITY OR TOWN) **Union**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **J. W. Voss**
(ADDRESS) **17 Larimore Rd., Baden Station**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 4, 1938**

19. FUNERAL DIRECTOR **Matn Hermann & Son**
(ADDRESS) **2161 East Fair Avenue**

20. FILED **MAY - 4 1938** **J. D. Predeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **5-3-** 19**38**, to **5-4-** 19**38**

I last saw him live on **5-4-** 19**38** Death is said to have occurred on the date stated above, at **1:30 A. M.**

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

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation **none** Date of **no**
What test confirmed diagnosis? **Phys exam** as there an autopsy? **no**

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? **no**
If so, specify **S. A. Lunsche**, M. D.
(Signed) **S. A. Lunsche**
(Address) **4885 Natural Bridge**

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ms

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Leonard Hampton
Licensed Embalmer No. 2967

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.)