

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

16780
Do not use this space.

1. PLACE OF DEATH **1702 BARK 17, 1939** 2

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. **4314**

(c) City **of St. Louis** (d) Street No. **2132 Geyer Ave** 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 **H/4 Kohn F. Voelpel**

(a) Residence, No. **2132 Geyer Ave** St. **23** (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 Husband of Annie				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1860				
7. AGE	YEARS 78	MONTHS 9	DAYS 29	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired			
	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) (STATE OR COUNTRY) St. Louis Missouri				
FATHER	13. NAME Unknown			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany				
MOTHER	15. MAIDEN NAME Unknown			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany				
17. INFORMANT Wm. Voelpel (ADDRESS) 2132 Geyer Ave				
18. BURIAL CHURCH CHURCH in St. Paul Churchyard DATE 5/9/39				
19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin (ADDRESS) 2301 Lafayette Avenue				
20. FILED J. J. B. Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to May 6, 1939	
I last saw him alive on May 6, 1939 . Death is said to have occurred on the date stated above, at 9 P.M.	
The principal cause of death and related causes of importance were as follows: Chronic Myocarditis	
Other contributory causes of importance: Arteriosclerosis, Prostatic hypertrophy, Nephritis, Chronic	
Names of operation Stomach Date of.....	
What test confirmed diagnosis Stomach Was there an autopsy?.....	
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? Yes If so, specify C. C. Woeller , M. D. (Signed) C. C. Woeller (Address) 3537 S. Jefferson Ave	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Paul A. Keith.....

Licensed Embalmer No. 3612.....

P. O. Address 2317 Lafayette Ave.....

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 this body is not embalmed, above space should be left blank.