

23819

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 11 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **791** Primary Registration District No. _____ Registrar's No. **6092**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1232A BAYARD AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **LIFE**
years, months or days _____

8. (a) PRINT FULL NAME **CLARA VOELCKER**
8. (b) If veteran, name war _____ 8. (c) Social Security No. **NINE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **FRED** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **AUG. 13. 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **10** **25** hr. min.

9. Birthplace **ST. LOUIS MO. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **AT HOME**

MOTHER FATHER
12. Name **JACOB SHEIES**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **MATHILDA MANNA BACK**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Fred Voelcker**

(b) Address **1232A Bayard**

17. (a) **BURIAL** (b) Date thereof **7-11-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA**

18. (a) Signature of funeral director **Hullbert Kelly**

(b) Address **1416 N. Taylor ave.**

19. (a) _____ (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County _____
(c) City or town **ST. LOUIS** **12**
(If outside city or town limits, write "RURAL")
(d) Street No. **1232A BAYARD AVE**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **8**
year **1939** hour **9** - minute **30** A.-M.

21. I hereby certify that I attended the deceased from **7-2-38**, 19____, to **7-8-39**, 19____;
that I last saw him alive on **7-7-39**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **Heart protrusion**
Heart stroke
Diabetes Mellitus
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **1**

23. Signature **Hullbert Kelly** (M. D. or other) _____
Address **1416 N. Taylor Ave.** Date signed **7-10-39**

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.

JUL -

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.....

Mark Quinn....., Registered Apprentice No. *174*
working under my personal supervision.

Signed *Clement M. McNeary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.