

REGISTRATION DISTRICT NO. 1003

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: 2
(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:
5417 Arlington 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 _____
years, months or days

3. (a) PRINT FULL NAME John Henry Voss 200
(b) If veteran, name war Nil
(c) Social Security No. Nil

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Nil
6. (c) Age of husband or wife if alive Nil years
7. Birth date of deceased August 1 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>2</u>	hr. _____ min.

9. Birthplace Bielefeld Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Chair Factory 6

MOTHER FATHER
12. Name Henry Voss
13. Birthplace Bielefeld Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Riecke
15. Birthplace Bielefeld Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Harry E. Voss
(b) Address 5417 Arlington Ave.
17. (a) Burial (Burial, cremation, or removal)
(b) Date of death Sept. 6 1939
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens, Cem.

18. (a) Signature of funeral director Charles W. Voss
(b) Address 2934 N. 28th St.

19. (a) SEP 6 1939 (b) _____
(Data received local registrar) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5417 Arlington Ave. 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 68 years.

MEDICAL CERTIFICATION 8-9-12-39
5330 Geraldine
20. DATE OF DEATH: Month Sept. 3 day _____
year 1939 hour 6 o'clock minute 30 a.m.

21. I hereby certify that I attended the deceased from June, 1939 to Sept 3, 1939
that I last saw him alive on Sept 2, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
hypostatic Broncho
Pneumonia 7 days
Due to Diabetic Gangrene
of the right lower leg. 8 mos.
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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 _____

23. Signature Roland R. Minnow M.D. or other _____
Address 5330 Geraldine Date signed 9/4/39

N. E.—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.

MISSOURI STATE BOARD OF HEALTH—STANDARD CERTIFICATE OF DEATH—TAKE A PERMANENT RECORD

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.....

Geo. P. Schubert

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Geo. P. Schubert*

Licensed Embalmer No. *2212*

P. O. Address *718 1/2 King's Highway*

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.