DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

791 STANDARD CERTIFICATE OF DEATH

State File No. 34615

Registration District No. 1008 Primary Registration District No. _____ Registrar's No. 9153

1. PLACE OF DEATH: 950 NOV 13 1939

(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: 5209 Finkmann 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 2 (If outside city or town limits, write "RURAL")

(d) Street No. 5209 Finkman Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Josephine Voelker 426

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Voelker 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 15, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	9	hr. min.

9. Birthplace _____ (City, town, or county) Germany 6 (State or foreign country)

10. Usual occupation At home 6

11. Industry or business 6

FATHER
12. Name Gerhard Gruehs
13. Birthplace _____ (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont Know. (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature X Mary Voelker.

(b) Address 5209 Finkman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. K. Gebken L & U Co

(b) Address 2630 Gravois Ave.

19. (a) OCT 26 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th year 1939 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 20th, 1938, to Oct. 24th, 1939; that I last saw her alive on Oct. 24, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Interstitial Neph.	1 yr
Due to	
Due to	
Other conditions Bronchiectasis (Include pregnancy within 3 months of death)	15 yrs
Major findings: Of operations	
Of autopsy	

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Chas. F. Henke (M. D. or other) MD

Address 900 Russell Blv. Date signed 10/24/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Henke.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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