

FILED FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 4030 N. 11th St.
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 267
(d) Street No. 4030 N. 11th St.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Dr. Engelbert Voerster

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife May Voerster 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. (unk) 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days ? If less than one day _____ hr. _____ min.

9. Birthplace WATER LOO ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Englebert Voerster

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Voerster
(b) Address 4030 N. 11th St.

17. (a) Burial (b) Date thereof 1/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 2125 Lafayette

19. (a) JAN 25 1941 (b) J. J. Bredeck
(Date of filing of certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1941 hour 8 10 minute A M.

21. I hereby certify that I attended the deceased from 10/22
1937, to 11 24 1941
that I last saw him alive on 1 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
9 years

Due to senility

Due to 938

Other conditions 938
(Include pregnancy, within 3 months of death)

Major findings: 938
Of operations _____
Of autopsy stomach

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 _____

23. Signature Frank Cleary (M. D. or other) M.D.
Address 1935 Park Date signed 1/24/41

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.....

Jose B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3195 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, fact should be so stated above.