

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8892

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:  
4417 Alaska 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 Eskridge G. Votow

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

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife.....  
Tillie Votaw 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 17th. 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 8 If less than one day  
.....hr. ....min.

9. Birthplace La Tonia, Tex. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Police Sergeant

11. Industry or business St. Louis Police Dept.

12. Name Alonzo Votaw

13. Birthplace No /  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Smith

15. Birthplace La Tonia, Tex. /  
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address 4417 Alaska Ave.

17. (a) Burial (b) Date thereof. 10-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) OCT 25 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4417 Alaska Ave. (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th  
year 1942 hour 1.25 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 22, 1942  
....., 1942 to Oct. 25, 1942  
that I last saw him alive on Oct. 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration Oct. 22, 1942  
Hypertensive Heart Disease  
Arteriosclerosis  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) None

Major findings: None 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) None  
(b) Date of occurrence None  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (e) Means of injury None

23. Signature J. F. Bredeck (M. D. or other) MD  
Address 3933 S. Grand Date signed Oct 26 1942

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

MOTHER FATHER

Wm. J. Plunye  
3433 S. Grant  
2-4

IME - 101

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**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 Robert L. Rindman  
Licensed Embalmer No. 9523

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22517

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8892

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:  
(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..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Esquidger J Votow  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... year 1942 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from..... 19.....  
that I or saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
(Immediate cause of death.....)

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... Sept 17  
(Month) (Day) (Year)

Duration  
Due to.....  
Due to.....

8. AGE: Years 63 Months 1 Days 2 If less than one day..... min.  
9. Birthplace.....  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

10. Usual occupation.....  
11. Industry or business.....

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)  
(b) 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.....

MOTHER FATHER  
12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant Jillie Votow  
(b) Address 4417 Alaska Ave

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director.....  
(b) Address.....  
19. (a) NOV 2 1942 (b) J. P. Predeck  
(Date received local registry) (Registrar's signature)

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

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

SUPPLEMENTARY

