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M-5-42
5-17-30
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12915**
Registrar's No. **3959**

FILED MAY 7 1943
Registration District No. **318**

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:
Enroute To City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. **Missouri** (b) County.....
(c) City or town. **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **215 27th** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Rosemary Voegtlin**
(b) If veteran, name war **no** (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **25**
year **1943** hour **9** minute **30 P.M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. **October 13, 1942**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 **6** **12** hr. min.

Immediate cause of death.....
Bronchopneumonia primary.

9. Birthplace. **St. Louis Missouri**
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions..... (include pregnancy within 3 months of death)

10. Usual occupation. **nil**

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name..... **Reinhard Voegtlin**
13. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name. **Grace Stroder**
15. Birthplace..... **White Water Missouri**
(City, town, or county) (State or foreign country)

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

16. (a) Informant. **Reinhard Voegtlin**
(b) Address. **215 Lami St.**

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?

17. (a) **Burial** (b) Date thereof. **4/28/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. **New Pickers Cemetery**

While at work?..... (Specify type of place)
(c) Means of injury.....

18. (a) Signature of funeral director. **Weick Brothers**
(b) Address. **2201 S. Grand Bl.**
19. (a) **APR 28 1943** (b) **J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Thomas J. Hallen** (M. D. or other)
Address. **Deputy Coroner** Date signed. **4-28-43**

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 *Henry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.