DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13460

FILED APR 20 1944 318

Registration District No. _____ Primary Registration District No. 1003

State File No. _____

Registrar's No. 3276

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:
St. John's Hospital 0
(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 Mo. (b) County 000

(c) City or town St. Louis 17 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5644 Lansdowne Ave. 7
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Marie Voges

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Voges

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. (Month) 10th (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	1	28	hr. min.

9. Birthplace _____ (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name John Infuhr
13. Birthplace _____ (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Henry Voges
(b) Address 5644 Lansdowne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1944 hour 1:15 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb 5, 1944, to April 7, 1944 that I last saw her alive on 4-6-, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach - [illegible]	
Due to	
Due to	
Other conditions Emphysema [illegible] (Include pregnancy within 3 months of death)	
Major findings: Of operations Recurrence of site of [illegible]	
Of autopsy As above & emphysema (ot.)	

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 [illegible] (M. D. or other) MD

Address 634 N. Grand Date signed 4-7-44

844

(Licensed Embalmer's Statement on Reverse Side)

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

Mr Geo. L. Gaffney 1-2
Ca 3924 No 5234
1832
MD 8/19

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 Edwin S. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.