

FILED MAY 1 1944

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 989

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Elms Convalescing Home
 (If not in hospital or institution, write street number or location)
19 Months
 (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") 17
 (d) Street No. 4038 St. Louis Avenue 9
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Albert Voss

3. (b) If veteran, name war _____

3. (c) Social Security No. 720

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Hulda K. Voss

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 24 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 1 hr. min.

9. Birthplace Brenham Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mary S. Schloeman

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

16. (a) Informant Hulda K. Voss

(b) Address 4038 St. Louis Avenue

17. (a) Burial (b) Date thereof Apr 27 '44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) APR 27 1944 (b) E. H. McGowan, MD
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
 year 1944 hour 4 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 13
1943 to April 25 1944
 that I last saw him alive on 4-24 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 2 yrs

Due to _____

Due to _____

Other conditions arteriosclerosis 5 yrs
 (Include pregnancy within 3 months of death)

Major findings: Hypertension

Of operations? _____
 Of autopsy 93d

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 Eugene L. Arnold (M. D. or other) MD

Address 1449 Mrs. Loran Date signed 4/25/44

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

MOTHER FATHER

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 *John Agnoski*
.....
Licensed Embalmer No. *3398*
.....
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.