

S. No. 2  
A-8-43  
5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25826

State File No. ....

**FILED** AUG 5 1946  
318

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

6400  
000  
17  
123

1. PLACE OF DEATH:

(a) County St. Louis

(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 Hosp. 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Two Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. 2415 So. 12th St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Voss Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 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 80 129 1929  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

16 10 27 hr. min.

9. Birthplace Kenneth, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Office Boy

11. Industry or business Employed by Valley Steel Co.

MOTHER FATHER { 12. Name William Voss

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

14. Maiden name Birdie Hester

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

16. (a) Informant Birdie Voss

(b) Address 702 So. Main, Kenneth, Mo

17. (a) Burial (b) Date thereof 7-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 20 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 7 day 15  
year 1946 hour 2:16 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Commotio cerebri *Duration*

*at the right shoulder separating the sub-clavian vein which penetrated into the right pleural cavity when the path was much shorter than collected in the trunk popular spread by open fracture of the rib cage.*

*Physician's presence within 3 months of death*

*of this and Lombard Streets*

PHYSICIAN

Signature: Dr. J. S. P. in July 15, 1946

Of operations \_\_\_\_\_

Of autopsy ✓

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) Accident

(b) Date of occurrence July 15 1946 9:00

(c) Where did injury occur? Public streets  
(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)

(e) Means of injury to drive

While at work? \_\_\_\_\_

Signature: Dr. J. S. P. (M. D. or other) \_\_\_\_\_

Address: My lot Date signed 7/20/46

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

24675

**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..... *W. Wilkinson*  
Licensed Embalmer No..... *3575*  
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.**