

No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3225**

FILED FEB 10 1947

318

Primary Registration District No. **1003**

Registrar's No. **1108**

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: Josephine-Heitkamp 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 1841a S. 9th Street 9
(If rural, give location) 10

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

If yes, name country _____

3. (a) PRINT FULL NAME ROSA VOEGTLIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 24, 1947 to Jan 30, 1947
that I last saw him alive on Jan 30, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Reinhard Voegtlin 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 9-1879
(Month) (Day) (Year)

Immediate cause of death Pyæmia
Streptococcus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

| | | | |
|----|---|----|--|
| 67 | 3 | 21 | |
|----|---|----|--|

hr. _____ min.

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? _____

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lebrecht Huinzker 5

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hawthorn

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Reinhard Voegtlin

(b) Address 1841a S. 9th Street

17. (a) Burial (b) Date thereof Feb. 3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

23. Signature W. Henderson (M. D. or _____)
Address 2026 R. 9th Date signed 1/31/47

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Myrtle Yund

(b) Address 1826 Allen Avenue

19. (a) Feb 3 1947 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

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.....

.....
Me , Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ben L. Duncan

.....
Licensed Embalmer No. 2272

P. O. Address..... 1926 Allen Avenue

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.