

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15475

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 879

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeff. Brks. Mo.</u>	c. LENGTH OF STAY (In this place) <u>6 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highland</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>VET. ADM. HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>RR #1</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAWRENCE</u>	b. (Middle) <u>S.</u>	c. (Last) <u>VOEGELE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4/3/50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>12/31/02</u>	9. AGE (In years last birthday) <u>47</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	# UNDER 4 HRS. Hours <u>2</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Odd Jobs</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Marine, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Theodore Voegele</u>	13b. MOTHER'S MAIDEN NAME <u>Emma L Felzer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World II</u>	16. SOCIAL SECURITY NO. <u>325148507</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRRHOSIS OF LIVER</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>581.0</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4/3/50, to 4/3, 1950, and that death occurred at 7:15 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.E. Stille</u> CHIEF, PROF. SVCS.	23b. ADDRESS <u>V.A. HOSP. JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>4-4-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Highland, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>APR 4 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Hoffmeister</u>	ADDRESS <u>U. &amp; L. Co. 7814 S. Broadway</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Linus E. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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.