

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14874**  
**3065**

FILED APR 25 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>		c. LENGTH OF STAY (In this place) <u>38 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>		<u>2139</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>13 5400 Arsenal</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>		b. (Middle) _____		c. (Last) <u>VOSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>9/1/98</u>	
9. AGE (In years last birthday) <u>53 yrs</u>		10. UNDER 1 YEAR (Days) <u>6</u>		11. UNDER 1 MO. (Hours) <u>25</u>		12. UNDER 1 HRS. (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Voss</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Gaberne</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GREGORY PEPEDE 2331 MOLLANPHY</u>			
18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><del>XXXXXXXXXXXXXXXXXXXX</del> Cardio vascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs. x</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
II. OTHER SIGNIFICANT CONDITIONS <u>Rheumatic heart disease</u>				<u>c decompensation</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? <u>4/6X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		22. I hereby certify that I attended the deceased from <u>Jan. 1, 1949</u> , to <u>Mar. 26, 1952</u> , that I last saw the deceased alive on <u>Mar. 26, 1952</u> , and that death occurred at <u>12:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bette Harris Smith M.D.</u>				23b. ADDRESS <u>5400 Ardenal St.</u>		23c. DATE SIGNED <u>3/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>APR 1, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Kelly</u>		ADDRESS <u>4386 LINDELL BLVD</u>	

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 \_\_\_\_\_

*Students of Mortuary College*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.