

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42964

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 542 Registrar's No. 3067

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HTGS</u>	c. LENGTH OF STAY (In this place) <u>8 hr</u>	c. CITY OR TOWN <u>BRENTWOOD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2911 BRENTWOOD BLVD.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARA</u> b. (Middle) <u>M</u> c. (Last) <u>VOSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 27 55</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-4<sup>TH</sup> 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>R. F. NAPPER</u>	13b. MOTHER'S MAIDEN NAME <u>IDA - CONNER</u>	14. NAME OF HUSBAND OR WIFE <u>WM H. VOSS</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>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CAPT. MURRAY STRONG - 8758 ROSALIE</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>	DUE TO (b) <u>Tumor of sigmoid colon (Probably carcinoma)</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <u>12-27-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>As above</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	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 12-27, 1955, to 12-27, 1955, that I last saw the deceased alive on 12-27, 1955, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert R. Rombo M.D.</u>	23b. ADDRESS <u>634 N. Grand Blvd.</u>	23c. DATE SIGNED <u>12-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ODD-FELLOWS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-29-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Rombo M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH MAPLEWOOD 17 MO</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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. Allen Davis Jr.*  
Licensed Embalmer No. *493*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.