

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046444

STATE FILE NUMBER

12714

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300 0
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS		c. CITY OR TOWN BELLEFONTAINE NBR 8	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE PAUL HOSPITAL		d. STREET ADDRESS (If outside, give location) 9700 DULUTH DRIVE	
3. NAME OF DECEASED (Type or print) First Middle Last GUSTAVE ADOLPHUS VOELKER		4. DATE OF DEATH Month Day Year DEC. 30 1958	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 21, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEMI-RETIRED TREASURER		10b. KIND OF BUSINESS OR INDUSTRY MOLL GROCERY CO.	11. BIRTHPLACE (City and state or country) MITCHELL SOUTH DAKOTA
13a. FATHER'S NAME UNKNOWN VOELKER		13b. MOTHER'S MAIDEN NAME OLGA UNKNOWN	14. NAME OF HUSBAND OR WIFE LORAIN OGDEN VOELKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-10-0284	17. INFORMANT Address MRS. LORAIN VOELKER, 9700 DULUTH DR., 37
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction - Compensated failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>Coronary Lesion</i>			<i>Several years</i>
DUE TO (c) <i>Chronic Alcoholism</i>			<i>1 year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>ASHD - 581.1</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>5/6/58</i> to <i>12/30/58</i> and last saw him alive on <i>12/30/58</i> Death occurred at <i>11/13/58</i> <i>12/30/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Franklin Knight</i> (Degree or title) <i>Franklin Knight</i>		22b. ADDRESS <i>M. L.</i> <i>10011 Bellefontaine Rd</i>	22c. DATE SIGNED <i>12/30/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE <i>1/2/59</i>	23c. NAME OF CEMETERY OR CREMATORY ST. PETER'S CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI.
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD.		25. DATE RECD. BY LOCAL REG. DEC 31 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 10 1959

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 *Ralph C. Fendler*

Licensed Embalmer No. *4275*

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.