No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15825

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 939

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town MANCHESTER, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MANCHESTER NURSING HOME 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 YRS + 6 MOS. (Specify whether

In this community 4 YRS. 6 MOS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MISSOURI (b) County

(c) City or town MANCHESTER, MO. 0 (If outside city or town limits, write "RURAL")

(d) Street No. MANCHESTER NURSING HOME 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME MINNIE VAHRENHOLD

3. (b) If veteran, name war T

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MARCH (Month) 6 (Day) 1864 (Year)

8. AGE: Years 77 Months 1 Days 26 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name FRED VAHRENHOLD
13. Birthplace UNK. (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUISA FLEHR
15. Birthplace UNK. (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant JOHN VAHRENHOLD

(b) Address 5957 W Coronado Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) 5 (Day) 41 (Year)

(c) Place: burial or ~~cremation~~ NEW BETHLEHEM CEM

18. (a) Signature of funeral director Sieadmeyer & Sons

(b) Address 3934 N. 20th. ST.

19. (a) MAY - 3 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2 year 1941 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 31, 1939, to May 2, 1941; that I last saw her alive on May 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 Weeks
Due to Arteriosclerosis	2 yrs +
Due to Senility	2 yrs +
Other conditions Bronchitis 450 (Include pregnancy within 3 months of death) 40	6 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury

23. Signature T. C. Campbell (M. D. or other) MD

Address 1128 Hamilton Date signed May 3 '41

(Licensed Embalmer's Statement on Reverse Side)

Dr. T.C. Campbell
8029 Forsyth Blvd
10 am.

~~[illegible]~~

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.