

S. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9331**

1. PLACE OF DEATH: **St. Louis, Missouri**

(a) County.....

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

(c) Name of hospital or institution **City Sanitarium**
(If not in hospital or institution, write street address or location)

(d) Length of stay: In hospital or institution **5yrs. 1mos.**
(Specify whether years, months or days)

In this community **72yrs. 2days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis** **9-10**
(If outside city or town limits, write "RURAL") **13**

(d) Street No. **4251a Penrose**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **THERESA VORNBERG**

3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **8**
year **1942** hour **12:30** minute **A.** M.

4. Sex **Female** / 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Nov. 6, 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-13-42**, 19....., to **11-8-42**, 19.....; that I last saw her alive on **11-8-42**, 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **0** Days **2** If less than one day hr. min.

Immediate cause of death **Senility 12-9-35 x**

Due to..... **162**

Due to.....

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **None**

11. Industry or business

12. Name **Joseph Henry Vornberg**

13. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Kate Mayer**

15. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **H. Reggen day**
(b) Address

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

(c) Place: burial or cremation **Calvary 11, 11 1942**

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place) (e) Means of injury **0**

18. (a) Signature of funeral director **M. J. Dittman**

(b) Address **NOV 9 5064 Vernon**

19. (a) (Date received local registrar) (b) (Registrar's signature) **J. F. Brudek**

23. Signature **Anthony K. Burch** (M. D. or other)

Address **5300 Arsenal** Date signed **11/9/42**

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

MOTHER FATHER

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..... *William J. Lyons*

Licensed Embalmer No. *4319*

P. O. Address *St. Louis Mo*

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.