

FILED AUG 14 1944
318

L 1003

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1434a Linton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Clara Vorwerk

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

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, 2 divorced Widowed

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

7. Birth date of deceased July 5. 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>1</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Richfountaine, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { **12. Name** John Koerber

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

14. Maiden name Unknown 4

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

16. (a) Informant Fred Vorwerk

(b) Address 1434a Linton Ave.

17. (a) Burial Burial **(b) Date thereof** 8/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) AUG 7 1944 **(b) J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 99
(If outside city or town limits, write "RURAL")

(d) Street No. 1434a Linton Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 12, 1944, to Aug 5th, 1944
that I last saw her alive on July 31, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis 10 yrs +
Chronic Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____ 9/30

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, on farm, in industrial place, in public place? _____

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

23. Signature Albert J. Motel (M. D. or other)
Address: 2739 Northland Bl. Date signed 8-5-44

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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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.