

FILED SEP 3 1940

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute To City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jerry Vroman

3. (b) If veteran, name war World War #2
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Separate

6. (b) Name of husband or wife Juniata 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Sep't. 25 1916
(Month) (Day) (Year)

8. AGE: Years 29 Months 10 Days 29
If less than one day 1 hr. _____ min.

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

10. Usual occupation Assembler

11. Industry or business Chevrolet Motor Car Co.

12. Name Orlando Vroman

13. Birthplace Moberly Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Jordan

15. Birthplace Moberly Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Orlando Vroman

(b) Address 216 E. Condit St. Decatur, IL

17. (a) Burial (b) Date thereof 8 28 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 26 1940 (b) J. B. Baedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1917
(d) Street No. 4400a Forest Park
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 10
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1946 hour 2:00 minute 53 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from stab wound of heart inflicted with knife in this family of one Ethel Schwimmer at the steps of her home leading to the Club Windsor. Duration _____
Other conditions 208 No. Kingshighway
(Include pregnancy within 3 months of death) about 4, 5, 3 O'clock AM
Major findings: White lung, fractured by PHYSICIAN _____
Of operation 22, 7, 1944
Of autopsy dissected
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 Accidental
(b) Date of occurrence Aug 24 1946
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

(Specify type of place) at home
While at work? no (e) Means of injury knife
23. Signature Patrick C. Taylor M.D. or other _____
Address 1300 Clark Date 8-26-46

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

28005

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

Richard W. Stoveland

Licensed Embalmer No.....

4007

P. O. Address.....

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.