

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 80

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4108 Hartford St.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4108 Hartford St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy A. Verborg
3. (b) If veteran, name war -- 3. (c) Social Security No. none
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 6th, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 3rd
year 1947 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from
December 31, 1946 to Jan 3, 1947
that I last saw him alive on Jan 3, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death _____
Right Coronary Artery Hemorrhage 2 weeks
Due to _____
Chronic Interstitial Nephritis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation home
11. Industry or business _____
12. Name Francis H. Verborg
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Lora Brehm
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (c) Informant Ida Mae Klensk
(b) Address #2 Silver Lane, Kirkwood, Mo.
17. (a) burial (b) Date thereof Jan. 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wacker-Keller & Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) JAN 5 1947 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

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) _____
(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 C. P. Korte M.D. (M. D. or other)
Address 2606 Gravois Date signed 1/4/47

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.....

Frank J. Hyland

Licensed Embalmer No.....

2675

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