No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3197

FILED JAN 16 1948 1818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 210

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran Hospital
(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: 50

(a) State Missouri (b) County

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. 836 Parkview 1
(If rural, give location)

(e) Citizen of foreign country? NR (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Evelyn Vorwerk

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Virgil E.

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

7. Birth date of deceased Dec. 15 (Month) 1910 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	0	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown Lawler
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Virgil E. Vorwerk
(b) Address 836 Parkview, Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) JAN 8 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6 yrs. 19 to Jan 7 1948
that I last saw her alive on 1/7/48 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	6 mos
Due to Primary cervical Ca cervical gland	12 mos
Due to	
Other conditions Cachexia (Include pregnancy within 3 months of death)	55

Major findings:
Of operations
Of autopsy X

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter H. Hoffman (M. D. or other)
Address 3108 S. Grand Date signed 1/8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2178

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.