No. 300
M—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15069

Registrar's No. 1048

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

6
0
0

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 9915 Berwick Dr. /
(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 St. Louis 96

(c) City or town Affton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9915 Berwick Dr. 0
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Eva Mae Voohers

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife John William Voohers

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

7. Birth date of deceased April (Month) 14 (Day) 1868 (Year)

8. AGE: Years 80 | Months 0 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Paw Paw (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

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

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

16. (a) Informant John Christie Voohers

(b) Address 9915 Berwick Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 4-24-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 10 minute ..... M.

21. I hereby certify that I attended the deceased from Jan 7, 1948, to April 22, 1948, that I last saw her alive on April 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arebral Hemorrhage	7 days
Due to chronic nephritis	8 yrs.
Due to Cardiac damage undetermined	?

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

131

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Walter L. Kelly (M. D. ~~or other~~)

Address 9915 Gravois Date signed 4/22/48

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.