S. No. 300
v. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19003

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1315

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS, MO.
c. LENGTH OF STAY (in this place): 109 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET ADM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARROLLTON 8120
d. STREET ADDRESS (If rural, give location): 132 MAPLE AVENUE 8

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): B.
c. (Last): VORHIES

4. DATE OF DEATH (Month) (Day) (Year): MAY 23, 1950

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /

8. DATE OF BIRTH: 8-10-95

9. AGE (In years last birthday): 54 — If under 1 year: Months 9, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: **

11. BIRTHPLACE (State or foreign country): LOCKRIDGE, IOWA /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE VORHIES

13b. MOTHER'S MAIDEN NAME: ALGORA KIRKPATRICK

14. NAME OF HUSBAND OR WIFE: RUBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 342164134

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 18 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — YEARS: 4200
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BRONCHITIS, CHRONIC — YEARS: 1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 420.0

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I/VA attended the deceased from* 2-4-50, *19*____, *to* 5-23-50, *19*____, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 6.08A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Stilwell M.D. CHIEF, PROFESSIONAL SVCS.

23b. ADDRESS: VA HOSP. JEFF. BRKS, MO.

23c. DATE SIGNED: 5-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-23-50

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Carrollton, Ill.

DATE REC'D BY LOCAL REG.: MAY 23 1950

REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: HOPPE FUNERAL DIRECTOR, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 14 1950

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. Wm Bunsley

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

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.