

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28756

State File No. 7500

318

1003

7500

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis, Missouri		c. LENGTH OF STAY (In this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				e. STREET ADDRESS (If rural, give location) 4108 Hartford St. 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Josephine		b. (Middle) M.		c. (Last) Verborg	
4. DATE OF DEATH		(Month) (Day) (Year)		September 1, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 17, 1869	
9. AGE (In years last birthday)		10. MONTHS		11. HOURS		12. MIN.	
81							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
						12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Francis H. Verborg			13b. MOTHER'S MAIDEN NAME Dora A. Brehn			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS William Klenk Jr. --- 4203 McPherson			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Infarction of ileum and jejunum					12 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Thrombosis-superior mesenteric artery					"
		Arteriosclerotic cardio-vascular					
		DUE TO (c) disease with auricular fibrillation					years
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 9-1-50		19b. MAJOR FINDINGS OF OPERATION Gangrene of ileum and jejunum					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H22.1			
22. I hereby certify that I attended the deceased from August 18, 1950, to September 1, 1950, that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 4:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Eugene T. Standley, M.D.				23b. ADDRESS Barnes Hospital, St. Louis, Mo.		23c. DATE SIGNED 9-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/5/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. SEP 3 1950		REGISTRAR'S SIGNATURE J. B. Faraster			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wacker-Weldete 3634 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.