

#114579

318

PRIMARY REG. DIST. NO.

Registrar's No. 7603

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

I. 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)
OR
TOWN St. Louis, Missouri

c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis 2019d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Louis City Hospital #1.d. STREET ADDRESS (If rural, give location)
426 Bowen 0

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 7th, 1950

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 10, 1876

9. AGE (In years)

73

IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
DeSoto, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

John Hopkins

13b. MOTHER'S MAIDEN NAME

Adelia Brown

14. NAME OF HUSBAND OR WIFE

Wm. Vorwold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)
no non16. SOCIAL SECURITY NO.
none17. INFORMANT'S SIGNATURE OR NAME
Wm. Vorwold 426 Bowen

ADDRESS

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, asthma, etc.: It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

Cerebrovascular thrombosis 7 days

Cerebral arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Minute) m.

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

21f. HOW DID INJURY OCCUR?

332X

22. I hereby certify that I attended the deceased from 9/2/50 19, to 9/7/50 19, that I last saw the deceased alive on 9/7/50 19, and that death occurred at 6:10am, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Wm. L. Bryan, M.D.

1515 Lafayette Ave.,

9/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE

9-9-50

24c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

24d. LOCATION (City, town, or county)

Lemay, Mo.

(State)

DATE REC'D BY LOCAL REG.
SEP 8 1950

REGISTRAR'S SIGNATURE

J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE

Southern Funeral Home

ADDRESS

6322 S. Grand Blvd.

8092

[Handwritten mark]

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

David John Fassar

Signed.....
Student Embalmer

Licensed Embalmer No. 4282

P. O. Address 632 150 Street

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.