No. 300
10.48

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22634

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 109

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 10 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2 miles S.E.Treloar 109 1

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): F.
c. (Last): Vahrenberg

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 24, 1865
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Fritz Wehmeyer
13b. MOTHER'S MAIDEN NAME: Caroline Oester
14. NAME OF HUSBAND OR WIFE: Henry Vahrenberg

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Martin Vahrenberg, Treloar, 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): Fracture of laryngeal cartilages
ANTECEDENT CAUSES — Laceration of scalp.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cerebral concussion
accident at home
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 10 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: 7-12-54
19b. MAJOR FINDINGS OF OPERATION: Fracture of 3 cartilages in larynx Tracheotomy
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Treloar, Warren 109 Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 12 1954 3 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell down stairs

22. *I hereby certify that I attended the deceased from* 7-12, 1954, *to* 7-12, 1954, *that I last saw the deceased alive on* 7-12, 1954 *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Marthasville Mo
23c. DATE SIGNED: 7-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/14/54
24c. NAME OF CEMETERY OR CREMATORY: Pinkney Cemetery
24d. LOCATION (City, town, or county) (State): Warren County, Mo.

DATE REC'D BY LOCAL REG.: 7/14/54
REGISTRAR'S SIGNATURE: F. L. Heidmann G. L. Heidmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] Marthasville, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...4318..

P. O. Addres Marthasville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.