

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16356

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. 4866

Township.....

Primary Registration District No. 1002

Registered No. 4866

City St. Louis (No. City Hosp.)

St. .... Ward

**2. FULL NAME**

(a) Residence. No. 816 Linton St. 9 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>53</u>	<u>1</u>	<u>5</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Salesman <sup>199</sup>  
(b) General nature of industry, business, or establishment in which employed (or employer) Vegetables  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) mo.

**PARENTS**

10. NAME OF FATHER Geo. Voorhis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Flora Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) mo.

14. INFORMANT Hospital information  
(Address) City Hosp.

15. FILED 23 1931  
REGISTRAR W. O. Vandenberg

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1931

17. I HEREBY CERTIFY, That I attended deceased from April 19th 1931 to April 22nd 1931 that I last saw him alive on April 22nd 1931, and that death occurred, on the date stated above, at 7:00 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic cardio vascular renal disease  
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Chemical + laboratory  
(Signed) W. Scherman, M. D.

4/22, 1931 (Address) City Hosp.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cem. DATE OF BURIAL 4-25-1931

20. UNDERTAKER Joe W. Black, 1125 Hodiamont ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Violins*

AUG 5 1946