S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13134

Registrar's No. 3336

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Birth.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Montgomery City NR
(If outside city or town limits write "RURAL")

(d) Street No. Star Route. #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HATTIE MAY VODERBERG 361

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Voderberg.

6. (c) Age of husband or wife if alive 57. years

7. Birth date of deceased May 1, 1883.
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 9. If less than one day hr. min.

9. Birthplace Niatic Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Wilburn Masters.
13. Birthplace Harristown, Ill. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Winsor.
15. Birthplace New Jersey. /
(City, town, or county) (State or foreign country)

16. (a) Informant William Voderberg.
(b) Address 1401 Ambassador Bldg. St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40.
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Math Hermann & Son.
(b) Address 2161 East Fair Ave.

19. (a) APR 12 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1940 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 9, 1940, to April 10, 1940;
that I last saw her alive on April 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thyrotoxicosis	
cardiac decompensation	1 yr
auricular fibrillation	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Thyrotoxicosis cardiac decompensation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alex Mueller (M. D. ~~or other~~) /
Address BARNES HOSPITAL Date signed 4-11-40

(Licensed Embalmer's Statement on Reverse Side)

Hermann
Co 881
Ce 6-2-81

MAY 15 1946

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis

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, above space should be left blank.