

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5038

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:  
St. Louis children's Hospital  
(If not in hospital or institution, write street number or locality)  
(d) Length of stay: In hospital or institution one hour  
(Specify whether  
In this community never  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town Walsch  
(If outside city or town limits write "RURAL") N R  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Vernon Lawrence Stork

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife child 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 26 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 4 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Walsch Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business child

12. Name Lawrence D

13. Birthplace \_\_\_\_\_ Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Heinz

15. Birthplace St. Louis mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Chen

(b) Address 500 So. Kingshighway

17. (a) Removal (b) Date thereof 6-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walsh Ill

18. (a) Signature of funeral director Veath Funeral Home  
(b) Address Evansville Illinois  
19. (a) JUN 8 1940 (b) J. J. Bread  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1940 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 6-7  
1940, to 6-7, 1940

that I last saw him/her alive on 6-7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsisemia

Other conditions Rickets & meningitis  
(Include pregnancy within 3 months of death)  
Congenital Heart Disease

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
( ) Means of injury \_\_\_\_\_

23. Signature R. J. Blettauer (M. D. or other) \_\_\_\_\_  
Address 100 So. Kemp Highway Date signed 6-7-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address OT Lewis, 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, above space should be left blank.**