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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8844

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2254

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: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20 17

(c) City or town St. Louis ~~2500 N. Garrison Ave.~~ (If outside city or town limits, write "RURAL")

(d) Street No. 2500 N. Garrison (If rural, give location)

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

3. (a) PRINT FULL NAME Caroline Vorhauer

3. (b) If veteran, name war no

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 Edward Vorhauer

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased December (Month) 6 (Day) 1865 (Year)

8. AGE: Years 75 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

FATHER
12. Name Koch
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Henrietta Husemann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Edward Vorhauer

(b) Address 2500 N. Garrison

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director A. Kron L & U. Co.

(b) Address 2707 North Grand Blv'd

19. (a) MAR 11 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1941 hour 9 minute 55 a.m.

21. I hereby certify that I attended the deceased from Aug 30, 1940, to March 10, 1941, that I last saw her alive on March 10, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Chronic Nephritis	
Due to Arteriosclerosis	
Appoplexy	
Due to	
Other conditions Right Hemiplegia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Nathan Bresby (M. D. or other)

Address 2739 N. Grand Ave. Date signed 3/10/41

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed Paul F. Kroelenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N. Gran

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

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