

STANDARD CERTIFICATE OF DEATH

State File No. 25018

FILED AUG 15 1941

Registration District No. 292

Primary Registration District No. 5-410

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Berger Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Louisa Caroline Marie Vohs

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm

6. (c) Age of husband or wife if alive dead years (Day) (Year)

7. Birth date of deceased See (Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Farming

12. Name Christ Heroldmann

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Speckel

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe Dieckrich

(b) Address Berger Mo

17. (a) Burial (b) Date thereof 6 27 41 (Month) (Day) (Year)

(c) Place: burial or cremation Vohs Cemetery

18. (a) Signature of funeral director Herman Blum

(b) Address Berger Mo

19. (a) June 25 - 1941 (Date received local registrar) Jill (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 036
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1941 hour 3:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 10, 1941, to June 23, 1941; that I last saw her alive on June 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Mitral Stenosis

Due to Flu pneumonia

Due to 92.8

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature C. A. Pace (M. D. or other)

Address Berger, Mo. Date signed 6/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

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

Herman Blinner

Licensed Embalmer No.

528

P. O. Address

Bryn Mawr

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, fact should be so stated above.