

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29937**  
Registrar's No. **7276**

**791**

**1003**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Henry C. Vossbrink

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ida E.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov. 25 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Banker (Retired)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John H. Vossbrink

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

14. Maiden name Wilhelmina Reller

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

16. (a) Informant Ida E. Vossbrink

(b) Address Union, Mo.

17. (a) Burial (b) Date thereof 9/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 8 1941 (b) J. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin **36**

(c) City or town Union N.R. **5-**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5  
year 1941 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 2, 1941, to Sept 5, 1941;  
that I last saw him alive on Sept 5, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis **5 yr.**

Due to General Atrophic Sclerosis **5 (8)**

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 0

23. Signature A. P. Shoffler (M. D. or other) \_\_\_\_\_  
Address 1020 Mo. State Bldg Date signed 9-6-41

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

APR 16 1942

APR 28 1942

OCT 27 1942

DEC 1 1942

**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

*J. Am B. Bibly*

Licensed Embalmer No.....

*3653*

P. O. Address.....

*St Louis 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, fact should be so stated above.