

FILED FEB 1 1944 318

1003

Registrar's No.

709

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(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 1 Day
(Specify whether
In this community Since Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4219a Grove Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME OLIVER VODERBERG

3. (b) If veteran, name war World "1" 3. (c) Social Security No. 702-05-1117

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae A (nee Connor) 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Mar. 2, 1390
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 19 hr. min.

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

10. Usual occupation Clerk,

11. Industry or business Wabash R. R.

12. Name Henry Voderberg

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

14. Maiden name Margaret Scholt

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

16. (a) Informant Mrs. Mae A. Voderberg

(b) Address 4219a Grove Street

17. (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JAN 24 1944 (Date received local registrar) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st
7 year 1944 hour 2 minute 15 PM.

21. I hereby certify that I attended the deceased from 1-18-44 to 1-20-44
that I last saw him alive on 1-20-44 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis with preliminary embolism 1 day
Due to: coronary thrombosis 3 days
Due to: _____

Other conditions: 94 a
(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) No
(b) Date of occurrence No
(c) Where did injury occur? No
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury Embolic
23. Signature J. F. Budek (M. D. or other) 1-24-44
Address 1114 Mo. Thruway Bldg Date signed 1-24-44

MOTHER, FATHER

JAN 3 1947

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 J. Bushko*

Licensed Embalmer No. *2110*

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.