

No. 2
-1/47
5-17-39

FILED MAY 14 1947

318

Primary Registration District No. **1003**

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: 426 Goodfellow D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 1436 Goodfellow D
(If rural, give location)

(e) Citizen of foreign country? = (Yes or No)
If yes, name country: =

3. (a) PRINT FULL NAME: JOHN ED. VORBECK

3. (b) If veteran, name war: =

3. (c) Social Security No. =

4. Sex: MO 5. Color or race: W

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: =

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

7. Birth date of deceased: SEPT 18 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>7</u>	<u>14</u>hr.min.

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

10. Usual occupation: Little Sister of the Poor

11. Industry or business: Little Sister of the Poor

12. Name: John Vorbeck

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

14. Maiden name: Katherine Vorbeck

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

16. (a) Informant: Rosa Adams

(b) Address: 5959 E. Loline

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 5-5-46
(Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Richard E. Finley

(b) Address: 1936 St. Louis

19. (a) MAY 3 1947 (Date received local registrar)

(b) J. F. Bredbeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1947 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary Thrombosis

Due to.....

Due to.....

Other conditions: None
(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?..... (Specify type of place)

While at work? Yes Means of injury: None

23. Signature: Richard E. Finley (M. D. or other)

Address: St. Louis Date signed: 5/13/47

PHYSICIAN

Underline the cause of death which should be charged statistically.

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

MOTHER FATHER

18

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 Heath Paulson

Licensed Embalmer No. 4114

P. O. Address 1926 St. Louis Ave

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.