7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26164

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6654

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oas

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

(d) Street No. 4541a Swan Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE E. VOCKER

3. (b) If veteran, name war None

3. (c) Social Security No. 486-20-1455

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 27 (Day) 1883 (Year)

8. AGE: Years 63 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Mount Sterling (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name George Vocker

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

14. Maiden name Mary O'Connell

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

16. (a) Informant Margaret Vocker

(b) Address 4541a Swan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 17 47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 15 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1947 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Spleen — Duration 2

Brought to Hospital when he fell while working on a roofing job at Barnes Jewish Hospital on Jacoby Avenue about 5 o'clock Sat. July 12 1947

Due to Shortness Pond Ferguson Fracture 200 lb. July 9 1947

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 9 1947

(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 Fall

23. Signature Patrick E. Taylor (M. D. or other)

Address Deputy Coroner Date signed 7-15-47

Jefferson City Printing Co.

(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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.