V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26167

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6868

1. PLACE OF DEATH:
(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 00.0
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2927 PENNSYLVANIA 9 (If rural, give location) 16 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OLIVIA VORST
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased MARCH (Month) 8 (Day) 1902 (Year)

8. AGE: Years 45 Months 4 Days 17 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
FATHER 12. Name CHARLES TRICE
13. Birthplace (City, town, or county) MO. (State or foreign country)
MOTHER 14. Maiden name MARY KLASEK
15. Birthplace (City, town, or county) MO. (State or foreign country)
16. (a) Informant JOSEPH VORST
(b) Address 2927 PENNSYLVANIA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 23, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) JUL 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20 year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7 July, 1947 to 22 July 1947 that I last saw him alive on 19 July 47 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of breast | 3 yrs |
| Metastasis to Brain | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Metastasis to Cerebellum
Of autopsy none

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)
(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? (e) Means of injury
23. Signature Robert Woolsey M.D. (M. D. or other)
Address 4500 Olive Date signed 22 July 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 Hamm C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grants

**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.