

No. 300
1-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34799
State File No. _____
Registrar's No. 8717

FILED OCT 18 1948
Registration District No. 818

Primary Registration District No. 1003

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

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:
St. L. City Hosp. #1. Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community: 50 years
(years, months or days)

3: (a) PRINT FULL NAME REZIN VORHES

3: (b) If veteran, name war Nil

3: (c) Social Security No. None

4. Sex M D 5. Color or race W

6: (a) Single, widowed, married, divorced S J

6: (b) Name of husband or wife _____

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

7. Birth date of deceased April 9, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	5	26	hr. _____ min.
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9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation laborer (retired)

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16: (a) Informant Louise Durst

(b) Address 3631 Castleman Avenue

17: (a) Cremation (b) Date thereof 10-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18: (a) Signature of funeral director A W McLaughlin

(b) Address 2501 Lafayette Avenue

19: (a) OCT 6 1948 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1761 Missouri Avenue
23 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1948 hour 12:15 minute _____ 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 Broncho-Pneumonia; Durations

Subdural hemorrhage; Oedema of Brain

following being struck by an auto-

mobile driven by one William

Claude Maness, at the intersection

of Jefferson & Geyer Ave., around

6:28-P.M. July 31st, 1948.

Other conditions _____
(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) Accident

(b) Date of occurrence July 31, 1948

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? NO (Specify type of place) see above
(c) Means of injury

23. Signature [Signature] (M. D. or other) S

Address 10 [Signature] Date signed 10-6-48

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.....

C. S. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

301 Lafayette

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.