

FILED NOV 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36120

Registration District No. 112

Primary Registration District No. 5429

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town "Rural" Lyon Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North of Gerald
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME William Friedrich Vosbrink

3. (b) If veteran, name war **
3. (c) Social Security No. **

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Hoemann Vosbrink 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 12 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 12
If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Vosbrink

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

14. Maiden name Wilhelmina Hoemann

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

16. (a) Informant William Vosbrink

(b) Address Gerald, Mo.

17. (a) Burial (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ev. Cem. Gerald, Mo.

18. (a) Signature of funeral director Magford H. H. Winter
(b) Address Owensville, Mo.

19. (a) 9-26-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North of Gerald, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 24
year 1948 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from July 1948 to Sept 24 1948
that I last saw him alive on Sept 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 wks
Coronary artery dis

Due to

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy 940

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)
(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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Charles H. Winter (M. D. or other) MD
Address Gerald Date signed 9-25-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 10 1948

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Myford A. H. Winter
Licensed Embalmer No. 383F
P. O. Address Owensville 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.