

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2041**

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St James</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sibley Home Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6478 Steamline</u>	
3. NAME OF DECEASED a. (First) <u>Lena</u> b. (Middle) _____ c. (Last) <u>Vocker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 22 50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>aug 26-1861</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Plainsville Ohio</u>
12. CITIZENRY OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Dint Krueger</u>	
13b. MOTHER'S MAIDEN NAME <u>Dint Krueger</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Vocker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. K. Quinn 6478 Steamline</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug 15, 1949</u> , to <u>Jan 22, 1950</u> , that I last saw the deceased alive on <u>Jan 21, 1950</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE: <u>Anna D. Bertha M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Ann's MO.</u>	
23c. DATE SIGNED <u>1/23/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St James</u>	
24d. LOCATION (City, town, or county) (State) <u>St James MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Crellie LeBlond St James MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 23 1950</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0810

RECEIVED FEB 9 1950

Phelps County Health Officer,

County File Number _____

Date Filed 2-3-50

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sub

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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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Paul E. Liebler

Licensed Embalmer No. 3544

P. O. Address St James 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.