

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4453

BIRTH NO. 7109-50 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hermann</u> <u>0371</u>	
c. LENGTH OF STAY (In this place) <u>24 hr</u>		d. STREET ADDRESS (If rural, give location) <u>[Blank]</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jenell</u> b. (Middle) <u>Marie</u> c. (Last) <u>Voelkerding</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>16</u> (Year) <u>50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Jan 15 - 1950</u>		9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>[Blank]</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>E. Frank Voelkerding</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Brecker</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>E. Frank Voelkerding</u>	
				ADDRESS <u>Hermann, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown - baby born</u>						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		b. <u>breed, head delivered with no unusual difficulty or delay.</u>				
		c. <u>spontaneous respiration. No sign of difficulty until 24 hours after birth. Developed sudden apparent respiratory difficulty.</u>				
		II. OTHER SIGNIFICANT CONDITIONS			7 1/2 200	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Sick despite tracheal catheter &amp; oxygen.</u>				

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) (Min.)		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 Feb 15, 1950, to Feb 16, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Ryan, M.D.</u>		23b. ADDRESS <u>Hermann, Mo</u>		23c. DATE SIGNED <u>2/16/50</u>	
---	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. George's Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Feb. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruego H. Blumer</u>	
		990		ADDRESS <u>Hermann</u>	

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

District File Number  
District Health Officer No. 9,  
RECEIVED  
FEB 18 1950

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Chas. W. Pope*

Licensed Embalmer No. *2552*

P. O. Address *Herrmann, M*

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.