

FILED MAR 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. **11213**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2135**

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De 'Pavl Hospital | | d. STREET ADDRESS (If rural, give location) 220 2221a Howard St. 2209 | |

| | | | | |
|---|------------|---------------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) Henry | a. (First) | b. (Middle) Ververloh | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 3/2/50 |
|---|------------|---------------------------------|-----------|--|

| | | | | | | | |
|-----------------------|----------------------------------|--|--------------------------------------|--|---------------------------|--------------------------|---------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 7/13/1882 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours | IF UNDER 15 MIN. Mins. |
|-----------------------|----------------------------------|--|--------------------------------------|--|---------------------------|--------------------------|---------------------------|

| | | | |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Janitor | 10b. KIND OF BUSINESS OR INDUSTRY St. Leos Church | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? 0 |
|---|---|--|--|

| | | |
|--|---|--|
| 13a. FATHER'S NAME Ververloh | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Cora Ververloh |
|--|---|--|

| | | |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 89-03-5422 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Ververloh 2221a Howard St. |
|---|--|---|

| | | | |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease. | | don't know. |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac insufficiency | | | don't know. |

| | | |
|------------------------|----------------------------------|---|
| 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) HH 3X |
|--|--|---|

| | | |
|---|--|---------------------------|
| 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 **2-28-50**, 19____, to **3-2-50**, 19____, that I last saw the deceased alive on **3-2**, 1950, and that death occurred at **7:10P m.**, from the causes and on the date stated above.

| | | |
|---|---------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) Walter H. Sporenman M.D. | 23b. ADDRESS 1506 St. Louis | 23c. DATE SIGNED 3-4-50 |
|---|---------------------------------------|-----------------------------------|

| | | | |
|--|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/7/50 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|--|----------------------------|---|--|

| | | |
|--|---|--|
| DATE REC'D BY LOCAL REG. MAR 5 | REGISTRAR'S SIGNATURE J. B. Farahan | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir. 2849 Euclid |
|--|---|--|

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Robert L Brinkman*

Licensed Embalmer No. *3553*

P. O. Address *St Louis 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.