

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31971

FILED SEP 22 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7815**

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) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2089**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Christian Hospital**

d. STREET ADDRESS (If rural, give location) **1027 Hornsby Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **Margaret** b. (Middle) **Vohwinkel** c. (Last) \_\_\_\_\_

4. DATE OF DEATH **Sept. 13 1950**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **July 24 1896**

9. AGE (In years last birthday) **54** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 WEEK Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **Michael Holland**

13b. MOTHER'S MAIDEN NAME **Margaret Cummings**

14. NAME OF HUSBAND OR WIFE **Albert Vohwinkel**

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. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME **Albert Vohwinkel** ADDRESS **1027 Hornsby Ave.**

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) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Coronary Sclerosis**  
DUE TO (c) **Arterio Sclerosis**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **H20!**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:23 P. m.**, from the causes and on the date stated above.

22a. SIGNATURE **Cathick E Taylor, Cor 3** (Degree or title) \_\_\_\_\_

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **9.15.50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **9-18-1950**

24c. NAME OF CEMETERY OR CREMATORY **St. Patricks Cemetery**

24d. LOCATION (City, town, or county) (State) **Alton Ill.**

DATE REC'D BY LOCAL REG. **SEP 15 1950** REGISTRAR'S SIGNATURE \_\_\_\_\_

25. FUNERAL DIRECTOR'S SIGNATURE **Ang. Marcel** ADDRESS **4114 St Louis Ave**

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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.