

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6259

1083

| | | | | | | | |
|---|-------------------------------|---|---|--|---------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> | | 2109 A | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i> | | | | d. STREET ADDRESS (If rural, give location) <i>3647 Palm Street</i> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> | | | b. (Middle) _____ | | c. (Last) <i>Vodde SR</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>2-2-51</i> |
| 5. SEX <i>Male</i> | 6. COLOR OF RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | | 8. DATE OF BIRTH <i>May 4, 1886</i> | | 9. AGE (In years last birthday) <i>64</i> | # UNDER 1 YEAR Months _____ |
| # UNDER 1 YEAR Days _____ | # UNDER 1 YEAR Hours _____ | # UNDER 1 YEAR Mins. _____ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cutter,</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Rawlings Mfg. Co.</i> | | 11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | | | 13a. FATHER'S NAME <i>Henry Vodde,</i> | | | |
| 13b. MOTHER'S MAIDEN NAME _____ | | | | 14. NAME OF HUSBAND OR WIFE <i>Rose Vodde, 3647 Palm St.</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>489-05-4458</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Rose Vodde, 3647 Palm Street</i> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid hemorrhage</i> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid 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. | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <i>330 X</i> | | | |
| 22. I hereby certify that I attended the deceased from <i>1/30, 1951, to 2/2, 1951, that I last saw the deceased alive on 2/2, 1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.</i> | | | | | | | |
| 23a. SIGNATURE <i>W. Spencer Payne, D. M.P.</i> | | | | 23b. ADDRESS <i>1515 Lafayette Av.</i> | | 23c. DATE SIGNED <i>2/15/51</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>Feb. 5, 1951</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>New Picker Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i> | |
| DATE REC'D BY LOCAL REG. <i>FEB 3 1951</i> | | REGISTRAR'S SIGNATURE <i>J. B. Coaster</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>W. A. Stock, 2117 E. Grand Blvd.</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Frank A. Moore

Signed.....

Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.