

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21490

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5468	
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, Mo.		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6125 Alabama Ave.		d. STREET ADDRESS (If rural, give location) 6125 Alabama Ave. 0			
3. NAME OF DECEASED (Type or Print) Emma Vormehr a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 17, 1861	9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. U	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Nicholas Rearich			
13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Frank Vormehr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Heffernan 6125 Alabama	
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) Acute Myocardial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastases of Carcinoma to Lungs DUE TO (c) Carcinoma of Gallbladder II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			INTERVAL BETWEEN ONSET AND DEATH 3 days 4 wks 2 yrs
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 155X	
22. I hereby certify that I attended the deceased from Jan 1, 1949 , to June 13, 1951 , that I last saw the deceased alive on June 12, 1951 , and that death occurred at 820p. m. , from the causes and on the date stated above.					
23a. SIGNATURE A. J. Heffernan		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 6-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-16-51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.			
DATE REC'D BY LOCAL REG. JUN 15 1951		REGISTRAR'S SIGNATURE J. B. Luster			

Mr. H. J. Shelton
3 to 5¹⁵ Fri

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 _____
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 9242

P. O. Address 6322 So Haven

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.