

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11608

State File No.

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6076 Registrar's No. 548

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spanish Lake c. LENGTH OF STAY (in this place) 25 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spanish Lake 401A

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Parker Rd. R#1 Box 184 Florissant

d. STREET ADDRESS (If rural, give location) R#1 Box 184 Florissant, Mo

3. NAME OF DECEASED
a. (First) Benjamin b. (Middle) F. c. (Last) Vorderstrasse

4. DATE OF DEATH (Month) (Day) (Year) Feb 27th, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1

8. DATE OF BIRTH May 9th, 1869

9. AGE (In years last birthday) 82

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Casper Vorderstrasse

13b. MOTHER'S MAIDEN NAME Sophia Trampe

14. NAME OF HUSBAND OR WIFE Emilie Vorderstrasse

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 ADDRESS Emilie Vorderstrasse, R#1 Box 184 Florissant, Mo

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) myocarditis (prob infection)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) arterio sclerosis
DUE TO (c) age
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4701

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION no operation

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Ferdinand St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 4/27, 1862 to 4/27, 1952 that I last saw the deceased alive on _____, 19____, and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert R. Domkay

23b. ADDRESS Metropolitan Bldg

23c. DATE SIGNED 4/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 2/29/52

24c. NAME OF CEMETERY OR CREMATORY Salem Luth. Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. 2-28-52 REGISTRAR'S SIGNATURE Herbert R. Domkay

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

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.