

STANDARD CERTIFICATE OF DEATH

State File No. **16327**
4311

FILED MAY 14 1953

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 Month	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 4157 Rosalie Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) A. c. (Last) Vornbrock		4. DATE OF DEATH (Month) (Day) (Year) April 26 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 2 1881
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Airport	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Vornbrock		13b. MOTHER'S MAIDEN NAME Augusta Elbrecht	14. NAME OF HUSBAND OR WIFE Emma Vornbrock
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 Mrs Emma Vornbrock 4157 Rosalie 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Myocardial Infarction ANTECEDENT CAUSES Posterior Myocardial Infarction DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Normal Bronchi - Pneumonia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 276/53	
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? 4201	
22. I hereby certify that I attended the deceased from March 26, 1953 , to April 26, 1953 , that I last saw the deceased alive on April 26, 1953 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James H. Kohler		23b. ADDRESS 4468 S. Elmwood Blvd	23c. DATE SIGNED 4/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29 1953	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. APR 27 1953	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F Feutz 4828 Nat Bridge Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

4968A Delmar
1830A.P. Miller

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 *John A. Menar*

Licensed Embalmer No. *4/86*

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.