

No. 300  
10-48

XC 2-366 544

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20372**

R# 110098  
FILED MAY 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1348</u>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>23 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b> <b>2039</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>7099 MARDEL AVENUE</b>			
3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>		a. (First) <b>CHARLES</b>		b. (Middle) <b>T.</b>		c. (Last) <b>VOORHEES</b>	
4. DATE OF DEATH <b>5-13-53</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>12-10-78</b>		9. AGE (In years last birthday) <b>74</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SWITCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CARMEN, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>GEORGE VOORHEES</b>		13b. MOTHER'S MAIDEN NAME <b>ANAS (MAIDEN NAME UNKNOWN)</b>		14. NAME OF HUSBAND OR WIFE <b>INEZ VOORHEES</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>SPAN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL THROMBOSIS, LEFT MIDDLE CEREBRAL ARTERY</b> 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. <b>DIABETES MELLITUS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 MO.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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? _____			
22. I hereby certify that I attended the deceased from <u>4-20-53</u> , 19 <u>  </u> , to <u>5-13-53</u> , 19 <u>  </u> , that I attended the deceased <u>XXXXXXXXXXXXXXXXXXXX</u> , and that death occurred at <u>9:55A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>E. J. SzeWCZYK</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS, MO.</b>		23c. DATE SIGNED <b>5-13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-15-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BRKS, MO</b>	
DATE REC'D BY LOCAL REG. <b>5-14-53</b>		REGISTRAR'S SIGNATURE <b>Harbert R. Sprankle-M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SOUTHERN FUNERAL HOME</b> ADDRESS _____			

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 ..... Signed *David L. Johnson*  
Signature of Student Embalmer

Licensed Embalmer No. 424

P. O. Address 6322 So. Hwy

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.