

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32298**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8348**

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

1. PLACE OF DEATH a. COUNTY		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>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4068a Labadie Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>4068a Labadie</b>	
3. NAME OF DECEASED a. (First) <b>Albert</b> (Type or Print)		b. (Middle) <b>M.</b>	c. (Last) <b>Vohwinkel</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 9, 1954</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 17, 1885</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Private Guard</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Albert Vohwinkel</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Kohen</b>
14. NAME OF HUSBAND OR WIFE <b>Margaret Vohwinkel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>Nil.</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Marie Vohwinkel, Chicago, Illinois</b>		ADDRESS	
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) <b>Chronic Hepatitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Myocarditis</b>  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.	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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? <b>4222</b>		
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>2:55 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>Delmer E. Taylor</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>9.11.54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-13-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Alton, Illinois.</b>
DATE REC'D BY LOCAL REG. <b>SEP 11 1954</b>	REGISTRAR'S SIGNATURE <b>Charles Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Morrell Bros. 4212 St. Louis, Ave.</b>	

(Licensed Embalmer's Statement on Reverse Side)

---

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.....  
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *478*

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