

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015872

STATE FILE NUMBER

2 3664

MAY 1 1959 Registration District No.

Primary Registration District No.

Registrar

300
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72
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64

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

All diseases in Part I must be causally related.

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, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8761 Oriole Ave. 15		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 8761 Oriole Ave., 15
3. NAME OF DECEASED (Type or print) First FREDERICK Middle WALTER Last VAHRENHORST			4. DATE OF DEATH Month April Day 11th, Year 1959
5. SEX Male o	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1890
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired Accountant		10b. KIND OF BUSINESS OR INDUSTRY Brokerage	9. AGE (In years last birthday) 68
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Vahrenhorst		13b. MOTHER'S MAIDEN NAME Marie Nieweg	14. NAME OF HUSBAND OR WIFE Emilie Vahrenhorst
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1		16. SOCIAL SECURITY NO. 488-10-6577	17. INFORMANT Emilie Vahrenhorst, 8761 Oriole Ave., 15.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Progressive Cerebrovascular Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) 334X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 months Undetermined
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from January 19, 1959 to April 7, 1959 and last saw him alive on April 11, 1959 (T. 10:00) Death occurred at 3:30 pm April 11, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas V. Manuman M.D.		22b. ADDRESS 2250 Chamber, St. Louis 9, Mo	22c. DATE SIGNED April 13, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/14/59	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemestery
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. (State)	
24. FUNERAL DIRECTOR'S NAME AND ADDRESS FREDZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri		25. DATE RECD. BY LOCAL REG. APR 14 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

D. C. B.

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 *John A. M...*

Licensed Embalmer No. *4185*

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.