

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JAN 25 1960 **60-000597**

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 35 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 45 yr		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 421 Mill		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louis Middle Fred Last Vorweg				4. DATE OF DEATH Month Jan Day 15 Year 1960				
5. SEX Male	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 4-4-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 9 Days 11	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Worked shoe factory		10b. KIND OF BUSINESS OR INDUSTRY International		11. BIRTHPLACE (City and state or country) Tilsit Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME Fred Vorweg			13b. MOTHER'S MAIDEN NAME Caroline Hoffmister			14. NAME OF HUSBAND OR WIFE Emma Vorweg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 490-05-5597		17. INFORMANT Address Mrs Emma Vorweg, Cape Gir. Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio. renal. Vascular disease							INTERVAL BETWEEN ONSET AND DEATH 2 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) ~		DUE TO (c) ~		~		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 Dec 14 1959 to Jan 15 1960 and last saw him alive on Jan 15 1960 Death occurred at 11 a m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE K. Washley, MD				22b. ADDRESS Cape Girardeau Mo		22c. DATE SIGNED 1-16-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-18-1960	23c. NAME OF CEMETERY OR CREMATORY Fairmount		23d. LOCATION (City, town, or county) Cape Girardeau Mo.		23e. (State)		
24. FUNERAL DIRECTOR ADDRESS Brinkopi Howell, Cape Gir Mo.				25. DATE RECD. BY LOCAL REG. 1-22-60		26. REGISTRAR'S SIGNATURE Lrene Kasten		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Neil H. Grossheider

Licensed Embalmer No. 4994
P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.