

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023635

FILED VS JUN 17 1960

159

Primary Registration District No. 5591 Registrar's No. 126

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro		Length of stay in 1b 2 MONTHS	c. CITY OR TOWN ST. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Castle Acres Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3176 PENNSYLVANIA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE A. VOIROK			4. DATE OF DEATH Month Day Year JUNE 6 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-2-1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CLEMENT FOSTER		13b. MOTHER'S MAIDEN NAME ELIZABETH RICHTER		14. NAME OF HUSBAND OR WIFE JOHN VOIROK (Dec'd)	
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. No Ne		17. INFORMANT WARREN FALLER 2808 MAGNOLIA Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1-2 years
DUE TO (b) Gen. arterio-sclerosis		
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 checked="" 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"/> no.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 **apr 22, 1960** to **June 6, 1960** and last saw her alive on **May 12, 1960**.
Death occurred at **8:00 A** **8:00 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marj V. Zimmmerman MD		22b. ADDRESS Deboer Mo.	22c. DATE SIGNED June 7, 1960 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JUNE 8 1960	23c. NAME OF CEMETERY OR CREMATORY S.S. PETER PAUL R.M.	23d. LOCATION (City, town, or county) ST. Louis Mo
24. FUNERAL DIRECTOR Thomas Kutis 2406 Grand		25. DATE RECD. BY LOCAL REG. 6-7-60	26. REGISTRAR'S SIGNATURE Oliver B. ...

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

3-5
10-12

Phone 415

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleanor Brown

Licensed Embalmer No. 34

P. O. Address 7906 9th

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.