

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040419

LED VS/ NOV 9 1960 317 Primary Registration District No. 531 Registrar's No. 3227 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		c. CITY OR TOWN University City	
Length of stay in lb YRS.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 7929 Stanford Ave.		d. STREET ADDRESS (If outside, give location) 7929 Stanford Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ALFRED Middle G. Last VORHAUS	4. DATE OF DEATH Month NOVEMBER Day 6th , 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 11/25/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
--------------------	-------------------------------	---	----------------------------------	----------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Executive	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New York	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	--	---

13a. FATHER'S NAME Bernard Vorhaus	13b. MOTHER'S MAIDEN NAME Molly Grossman	14. NAME OF HUSBAND OR WIFE Gustava Harris Vorhaus
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Address Mrs. G.H. Vorhaus 7929 Stanford Ave,
--	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease		8 months
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General arteriosclerosis	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 **9/5/50** to **11/6/60** and last saw him alive on **11/1/60**
Death occurred at **10:30am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Seelig S. Lipsitz M.D.	22b. ADDRESS 457 N. Kingshighway St. Louis Mo	22c. DATE SIGNED 11/7/60
--	--	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/8/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
---	--------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS Herma n Rindskopf Inc. 5216 Delmar	25. DATE RECD. BY LOCAL REG. 11-7-60	26. REGISTRAR'S SIGNATURE John E. Murphy
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

12 / 11

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 Peter B. Dubouil

Licensed Embalmer No. 3691

P. O. Address St. Louis

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.