

FILED OCT 22 1943
318

Registration District No. 318

Primary Registration District No.

Registrar's No. 8945

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 58 years (Specify whether
In this community 58 years years, months or days)

3. (a) PRINT FULL NAME Harry H. Vahrenhorst

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josphine Vahrenhorst 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 13th. 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Brick Layer

11. Industry or business

MOTHER FATHER { 12. Name August Vahrenhorst
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Remmert
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Josphine Vahrenhorst
(b) Address 1908 Warren St.

17. (a) Burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) OCT 11 1943 (b) J.P. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 Warren St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th.
year 1943 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis with Cavitation

Due to 1/2 L

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] (M.D. or other) 3

Address [Signature] Date signed 10/10/43