

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22317

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003Registered No. 6503City St Louis(No. 1529 Franklin Ave

St. Ward)

2. FULL NAMEIda Vessel(a) Residence. No. St. 25 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**Female**4. COLOR OR RACE**white**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Joseph Vessel**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Nov 1-1884**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

43718**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois**10. NAME OF FATHER**John Mc Kee**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio**12. MAIDEN NAME OF MOTHER**Katherine Clarke**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Illinois**14.**INFORMANT
(Address)Joseph Vessel
1529 Franklin Ave**15.**

FILED

20 1928St Louis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 19 1928**17.**

I HEREBY CERTIFY That I attended deceased from 6-18-1928 to 6-19-1928
that I last saw h. ex alive on June 19, 1928, and that death occurred, on the date stated above, at 220 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Biliary Calculi1213(duration) yrs. mos. 10 da.**CONTRIBUTORY (SECONDARY)**Acute Myocarditis(duration) 5 yrs. mos. da.**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

Unknown**19. DID AN OPERATION PRECEDE DEATH?**No DATE OF 6-18-28

WAS THERE AN AUTOPSY.....

No

WHAT TEST CONFIRMED DIAGNOSIS.....

Visual signs

(Signed).....

Dr. H. H. Evans, M. D.6/19, 1928 (Address) 2505 D Brande

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Peter6-23-1928**20. UNDERTAKER**

ADDRESS

Arthur J. Donnelly 2039 Ward St

to Foster
20.15 of Bond