

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

42285

1. PLACE OF DEATH

City St. Louis Mo. (No. 3832, Ohio Ave.)
 Registration District No. 791
 Township 1000
 Primary Registration District No. 1000

File No. _____
 Registered No. 12173
 St. _____ Ward)

2. FULL NAME

Anna Vebeck
 (a) Residence, No. 3832 Ohio Ave St., 24 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul Vebeck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26 - 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>-</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Als.</u>		
FATHER	13. NAME <u>Samuel Ruedy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Margret</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT <u>Paul Vebeck</u> (ADDRESS) <u>3832 Ohio Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Burial Park</u> DATE <u>Dec. 8th 1931</u>		
19. UNDERTAKER <u>By Leitner Undert Co</u> (ADDRESS) <u>1417 N. Market St</u>		
20. FILED <u>DEC - 8 1931</u> <u>May E. Markoff</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 1931

22. I HEREBY CERTIFY, That I attended deceased from 12 - 3 - 1931, to Dec. 5 - - 1931.
 I last saw him alive on Dec. 5 - - 1931. Death is said to have occurred on the date stated above, at 5¹⁵ P. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral hemorrhage)
82nd
10th
J. A. W.
 Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) A. S. Pruet, M. D.
 (Address) 6006 Va. Ave

