

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

Do not use this space.

4176

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 5000
 City St. Louis (No. 4045 Ashland) St. _____ Ward _____

File No. _____
 Registered No. 1152

2. FULL NAME August P. Vitrey
 (a) Residence, No. 4045 Ashland St. 10 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>Male</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>Frances Vitrey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-20-1851</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>10</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>Confectioner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 25, 1933</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Charles Vitrey</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>France</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Augustine Chevalier</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>France</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Frances Vitrey</u> (ADDRESS) <u>4045 Ashland Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Feb 7 1933</u>		
19. UNDERTAKER <u>John P. Collins & Bro</u> (ADDRESS) <u>29 1/2 W. Grand St</u>		
20. FILED <u>FEB - 1 1933</u> <u>W. C. H. H. H.</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

Sub. Myocarditis

930

Other contributory causes of importance _____

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) John P. Collins M.D.
 (Address) Deputy Coroner

1/31/33

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.

