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.

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

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

Do not use this space.

701

11141

File No. 2183

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1002

Township ..... Primary Registration District No. .....

City St Louis Mo. (No. 2311 Sullivan ave St. ..... Ward)

2. FULL NAME Julius C. Vach Vach

(a) Residence, No. 2311 Sullivan Ave. 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Vach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Dept

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) St Louis Mo.

FATHER

13. NAME F. W. Vach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Erinstine Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Johanna Vach 2311 Sullivan Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE Mar 6 1933

19. UNDERTAKER (ADDRESS) H. J. Leidner Undr Co 1417 N. Market St.

20. FILED MAR 7 1933 Mary E. Farley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1933, to March 3rd 1933

I last saw him alive on March 3rd 1933. Death is said to have occurred on the date stated above, at 2 P.M.

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

	Date of onset
Myelogenous Leukemia	2 years
Chronic Myocarditis	
T.B.	
G.U.	
F.H.	

Other contributory causes of importance:

Pleuritic Cancer Benign	2 yea

Name of operation ..... Date of .....

What test confirmed diagnosis? Labratory 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) Arthur Sundlach M. D.

(Address) 2202 Lawrence St

22 of Minority etc