

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

Do not use this space.

17778

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1270
 97 Township _____ Primary Registration District No. 6248 N.
 97 City Richmond Heights (No. St. Marys Hospital) St. _____ Ward _____

2. FULL NAME Caroline Vetter
 (a) Residence, No. 490 W. Big Bend St. Ward. Webster Groves
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 John Vetter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) St. Louis Missouri

MOTHER FATHER
 13. NAME Charles Grafe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Lucretia Schulte
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Keating Vetter
490 W. Big Bend
 18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 20 1983
 19. UNDERTAKER (ADDRESS) Parker, Groves
Webster Groves
 20. FILED 5/19 1983 Rott J. Ambrester
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17 1983

22. HEREBY CERTIFY that I attended deceased from Feb. 16 1983 to May 17 1983
 I last saw her alive on May 17 1983. Death is said to have occurred on the date stated above, at 7:00 m.
 The principal cause of death and related causes of importance were as follows:
Acute Coring Date of onset _____
Atelitalion
 Other contributory causes of importance Coroio-Arterio
Sclerosis nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis Chemical 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) W. J. Kelley, M. D.
 (Address) Act St. Groves

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.

JUN 23 1983

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