

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.

NOV 10 1933

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

Do not use this space.

34724

File No. 8887
Registered No. _____
Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1002
City St. Louis (No. 1315, Temple Place) St. _____ Ward _____

2. FULL NAME

Marie U. Vechale
(a) Residence, No. 1315 Temple Place St. 6 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 B. Vechale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1881

7. AGE YEARS MONTHS DAYS if LESS than 1 day, _____ hrs. or _____ min.
52 6 13

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

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

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) Carroll County, Missouri

13. NAME Fred Mossett

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

15. MAIDEN NAME Louise Andrie

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

17. INFORMANT Mrs. John B. Vechale (ADDRESS) 1315 Temple Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Oct. 17 1933

19. UNDERTAKER Geo. L. Pleitach, Inc. (ADDRESS) 5966 Easton Ave.

20. FILED 1 1933 J. Krebeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1933, to Oct. 10, 1933. I last saw her alive on Oct. 10, 1933. Death is said to have occurred on the date stated above, at 2:50 a. m.

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

Uterine malignancy
4/8

Date of onset Sept. 30

Other contributory causes of importance:

Abdominal ascites

1-4-33

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 _____, 1933

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) O. V. [Signature], M. D.

(Address) 11600 Maryland

4660 Maryland

Rosedale 0481
