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

MAR 5 1935

Do not use this space.

6935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. Isolation Hospital St. ..... Ward)

File No. .....

Registered No. 1341

2. FULL NAME Harry Vahle

(a) Residence, No. 4767 St. Louis Ave St., 6 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Hilda Vahle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	2	9	

OCCUPATION

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

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

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 John Vahle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER

15. MAIDEN NAME Mary Cooner

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

17. INFORMANT (ADDRESS) Mrs. Grace Barry 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cemetery DATE Feb 8, 1935

19. UNDERTAKER (ADDRESS) Goodhart & Goodhart 2228 S. Louis Ave

20. FILED FEB -7 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1935 to Feb 6, 1935

I last saw him alive on Feb 6, 1935 Death is said to have occurred on the date stated above, at 8 45 A.m.

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

Meningococcus Meningitis

Date of onset

18

Other contributory causes of importance: Diphtheria Carrier

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? No (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? No

If so, specify .....

(Signed) John Eschenbrenner, M. D.

(Address) .....