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.

DEC 12 1935

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

791

Do not use this space.

37368

1. PLACE OF DEATH

County..... Registration District No. 1003

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

City St. Louis, Mo. (No. 1309a, S. 6th St. ..... Ward)

File No.....

Registered No. 9327

2. FULL NAME Vaneta Alewel

(a) Residence, No. 1309a S. 6th St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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)
Felmale	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Alewel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	6	23	

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. Housewife

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Evansville
(STATE OR COUNTRY) Indiana

FATHER

13. NAME William Herbert Martin

14. BIRTHPLACE (CITY OR TOWN) Wayne County
(STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (CITY OR TOWN) Huntsville
(STATE OR COUNTRY) Kentucky

17. INFORMANT Fred Alewel
(ADDRESS) 1309a S. 6th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem. DATE Nov. 6, 1935

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED NOV 6 1935 J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935, to Nov. 6, 1935

I last saw her alive on Nov. 5, 1935. Death is said to have occurred on the date stated above, at 9:05 A.m.

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

	Date of onset
Chronic Cardiac Valvular Disease	

Other contributory causes of importance: None

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? No

If so, specify.....

(Signed) Frank Dameron, M. D.

(Address) 1319 N. Broadway