JAN 13 1936

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

Do not use this space.

File No. 41661
Registered No. 10905

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH
County
Township
City St. Louis, (No. 2646, Potomac (Lutheran Hospital) St. Ward)

2. FULL NAME IRENE VAETH
(a) Residence, No. 1027 Forest Ave. St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. 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 Emil H. Vaeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Janury 24, 1904

7. AGE: Years 31 | Months 10 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hsf.
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) Egypt Pennsylvania

FATHER
13. NAME Charles Brenner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Plahy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria-Hungary

17. INFORMANT Emil H Vaeth
(ADDRESS) 1027 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer Cem. DATE Dec. 26, 1935

19. UNDERTAKER Bridenweiden Funeral Home
(ADDRESS) 3620 Chippewa St.

20. FILED DEC 24 1935, 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1935 to 12-22, 1935
I last saw her alive on 12-21, 1935 Death is said to have occurred on the date stated above, at 12:19 p. m.
The principal cause of death and related causes of importance were as follows:

Adhesive Pericarditis — Date of onset
131
chronic
Other contributory causes of importance:
Interstitial nephritis
Passive congestion of liver

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? (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 W. Mertens, M. D.
(Address) Webster Groves, Mo.

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

Dr. A. W. Westrup
204 Big Bend Blvd