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.

FEB 11 1936

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

Do not use this space.

3148

791

1003

File No. 371

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3841 Ashland Ave St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Frederick W Vahle.

(a) Residence, No. 3841 Ashland St. 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Emelie Vahle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 1858

7. AGE: 77 YEARS, MONTHS: 7, DAYS: 3. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blair school.

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

FATHER

13. NAME: ? Vahle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Anna Murant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Frances Taylor 3841 Ashland.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE Jan 11 1936

19. UNDERTAKER (ADDRESS): Hey Leidner U Co. 1417 N Market St.

20. FILED JAN 10 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to Jan 8th, 1936

I last saw him alive on Jan 8, 1936. Death is said to have occurred on the date stated above, at 8 30 P.m.

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

	Date of onset
Chronic Interstitial Nephritis	Unable to say.

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Other contributory causes of importance:

Arterio Sclerosis	for
Chronic Myocarditis	years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Peter Kuh, M. D.

(Address) 4701 St Louis Ave.

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