

05

AUG 18 1936

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

Do not use this space.

28316

1. PLACE OF DEATH

County.....
Township.....
City Saint Louis, Missouri (No.)

Registration District No. 791
Primary Registration District No. 1003
3129 Ohio Ave.

File No.
Registered No. 7074
St. Ward)

2. FULL NAME Charles Vetter,

(a) Residence, No. 3129 Ohio Ave. St., 24 Ward. (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 Maggie Vetter.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6th 1886.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Busche's Brewery

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) Campsville Illinois.

FATHER 13. NAME John Vetter

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

MOTHER 15. MAIDEN NAME Rose Schumann

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

17. INFORMANT Mrs. Lena Orlet (ADDRESS) 3407 Juniata Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem. DATE July 13th, 1936

19. UNDERTAKER Ziegenhain Bros. (ADDRESS) No 3 6 Kerokoe St.

20. FILED JUL 13 1936 19 J.P. Bredeck Registrar.

No Physical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 2:15 P. m.

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

Heat Stroke
191
Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) Harold H. Poff M.D.

(Address)

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.

THIS IS A PERMANENT RECORD

