

OCT 5 1936

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

Do not use this space.

35966

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City (No. **CENTRAL HOSPITAL**) St. Ward)

File No.
Registered No. **9589**

2. FULL NAME **FRED VAHLE**

(a) Residence, No. **5030 MAFFITT AVE** St. **6** 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) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **RUTH VAHLE**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 17, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **FIREMAN**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **ST. LOUIS FIRE DEPARTMENT**
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.**13. NAME **JOHN VAHLE**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**15. MAIDEN NAME **MARY E. EARNER**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**17. INFORMANT (ADDRESS) **MRS. RUTH VAHLE 5030 MAFFITT AVE**18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETERS CEM. SEPT. 21, 1936**19. UNDERTAKER (ADDRESS) **Goodhart & Goodhart 3238 St. Louis Ave**20. FILED **SEP 20 1936 J. T. Predeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-19-36**22. I HEREBY CERTIFY, That I attended deceased from **8-14-36**, 19... to **9-18-36**, 19...
I last saw him alive on **9-18-36**, 19... Death is said to have occurred on the date stated above, at **8:30 a.m.**

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

Date of onset

Strangulated Ruptured Hernia followed by thrombosis of inferior v. cava

Other contributory causes of importance: *infection of R. Stream*

Name of operation **Hernia** Date of **8-15-36**What test confirmed diagnosis? **Laboratory** 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) **J. H. Wilson**, M. D.(Address) **4518 Washington Ave**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1-20-30 I 2704

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.

