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.

REC'D MAR 14 1938

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

5079
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1724

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie Vetsburg 321
(a) Residence, No. 6185 Westminster St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widdowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sigmund Vetsburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 25-1849

7. AGE: Years 88 | Months 5 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Czecho Slovaki

FATHER
13. NAME: Leopold Loth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho Slovaki

MOTHER
15. MAIDEN NAME: Amalia Reich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho Slovaki

17. INFORMANT: Karl M. Vetsburg
(ADDRESS): 6185 Westminster

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Sinai DATE: 2-18-38, 19

19. FUNERAL DIRECTOR: H. Rindskopf
(ADDRESS): 5216 Delmar

20. FILED: FEB 18 1938, 19 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to February 16, 1938
I last saw her alive on February 16, 1938. Death is said to have occurred on the date stated above, at 12:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of the left leg, cause unknown	
Patient had chr. eczema on leg for years	
Other contributory causes of importance:	
Senility	

Name of operation: Date of:
What test confirmed diagnosis? 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? No
If so, specify
(Signed) Seley Simmons, M. D.
(Address) 601 Humboldt Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed H. Rindskopf

Licensed Embalmer No. 2207

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)