

REC'D JUN 9 1938

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

**16296**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City..... **St. Louis** (d) Street No. **2010 Schaeffer** St. **791**  
 (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**

**Mary Vance**  
 (a) Residence, No. **2010 Schaeffer** St. **4** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 **Thomas Vance**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 2 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**62 6 2**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House wife**  
 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) **Bevaria Germany**

FATHER 13. NAME **Ferdinand Fesl**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bevaria Germany**

MOTHER 15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bevaria Germany**

17. INFORMANT **Mrs. E. J. Goldman** (ADDRESS) **2010 Schaeffer**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE **Evangelical Bethany** **May 7 1938**

19. FUNERAL DIRECTOR **M. J. Craghan** (ADDRESS) **7146 Manchester**

20. FILED **J. H. Budeck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4 1938**

I HEREBY CERTIFY That I attended deceased from **May 4 1938** to **May 7 1938**

I last saw him alive on **May 3 1938** Death is said to have occurred on the date stated above, at **12:30 p.m.**

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

**Coronary thrombosis**

Date of onset

Other contributory causes of importance:

**Arteriosclerosis, chronic**

Name of operation **Chol** Date of **May 4**

What test confirmed diagnosis? **Chol** 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) **H. M. S. J. K.** M. D.

(Address)

STATEMENT BY LICENSED EMBALMER

I, Francis Williamson, Licensed Embalmer No. 8565

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Francis Williamson

Licensed Embalmer No. 8565

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