

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20084

Do not use this space.

5223

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **Lutheran Altenheim** 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 **CAROLINA VASQUEZ** **220**

- (a) Residence, No. **8721 Halls Ferry Road** St. **8** (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Paul Vasquez**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sep 3 1850**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 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) **St Louis Mo**FATHER 13. NAME **Michael Stephan**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**MOTHER 15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **George C. Brudersdal, Subst. 8721 Halls Ferry Road**18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem. June 9 1938**19. FUNERAL DIRECTOR (ADDRESS) **Beiderwieden Funeral Home 1936 St Louis Ave Ind**20. FILED **JUN 8 1938** **J. T. Brudersdal** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE, 5, 1938**22. I HEREBY CERTIFY, That I attended deceased from **JUNE, 1, 1937** to **JUNE, 5, 1938**

I last saw him/her alive on **JUNE, 4, 1938** Death is said to have occurred on the date stated above, at **3:30 P.M.**
 The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITISDate of onset **JUNE, 1 1937**Other contributory causes of importance: **NONE**Name of operation **NONE** 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? **NO** 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 **NONE**
 Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? **NO**
 If so, specify **St. Van Hoefen**, M. D.
 (Signed) **St. Van Hoefen**, M. D.
 (Address) **8313 HALLS FERRY RD., CITY**

STATEMENT BY LICENSED EMBALMER

I, Thos A Budnick Licensed Embalmer No. 506

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 Thos A Budnick

Licensed Embalmer No. 506

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.)