

31 1938

REC'D JAN 6 1939

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

Do not use this space.

44548

File No. _____
Registered No. 2144
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township Carondelet Primary Registration District No. 200
City St. Louis (No. 1) Mt. St. Rose Hospital

2. FULL NAME

Thelma V eal Thelma V eal
(a) Residence, No. 2347 St. Louis St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Charles V eal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 27 8 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) Georgia

FATHER 13. NAME John M. Vessinger

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

MOTHER 15. MAIDEN NAME Palget

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

17. INFORMANT (ADDRESS) Charles V eal
2347 St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Augusta Ga. DATE Jan. 21, 1939

19. UNDERTAKER (ADDRESS) Alexander, Alexander and Sons
6175 Delmar Blvd

20. FILE DEC 31 1938 G.R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 30, 1938, and I last saw her alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Far advanced Pulmonary Tuberculosis Date of onset 1936

Other contributory causes of importance: Myocardial Failure
Pulmonary Edema

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) B. E. Gerson, M. D.
(Address) 717 St. Rose Sanatorium
St. Louis, Mo.

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.

MAY 27 1948

Statement of licensed embalmer

I

Licensed embalmer No.

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

Signed *Jos. E. McCulloch*

Licensed embalmer No. 2460

6175 Delmar

H. L. L. L. L. L.