

DEC'D MAR 13 1939

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

Do not use this space

1. PLACE OF DEATH

(a) County / Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1287**
 (c) City **St. Louis, Missouri** Street No. **City Sanitarium** St.
 (d) Length of residence in city or town where death occurred **Life** (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

260 Marie C.E. Vickery
 (a) Residence, No. **6324 Etzel** St. **WA Wellston, Mo**
 (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Clarence Vickery**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-8-1896**

7. AGE YEARS **42** MONTHS **3** DAYS **0** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**

FATHER 13. NAME **Oliver Batchelder**

14. BIRTHPLACE (CITY OR TOWN) **Unknown Missouri**

MOTHER 15. MAIDEN NAME **Hattie Solkman**

16. BIRTHPLACE (CITY OR TOWN) **Unknown Missouri**

17. INFORMANT (ADDRESS) **R. J. Mueller, M.D. 5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Semitery** DATE **Feb. 11**, 19**39**

19. FUNERAL DIRECTOR (NAME) **Petty Bros.**

(ADDRESS) **3029 Lafayette Ave**

20. FILED **FEB 9 1939** **J. B. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-8-39**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1-31-39**, 19, to **2-8-39**, 19.

I last saw her alive on **2-8-39**, 19. Death is said to have occurred on the date stated above, at **9:48 A.M.**

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

Nephritis, 1-31-39x Date of onset

Cause unknown

Other contributory causes of importance:

Hypertensive Heart Disease

1-31-39x

Name of operation 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? 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 **R. J. Mueller**, M. D.

(Signed) **R. J. Mueller**, M. D.

(Address) **5400 Arsenal St**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. *7245*

P. O. Address *St. Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.