

MAY 23 1939

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

19819
Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township _____ Primary Registration District No. 115 Registered No. 935

(c) City University City (d) Street No. 7150 Cambridge Ave. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Elizabeth Vickery

(a) Residence, No. 7150 Cambridge Ave. St. (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 Henry Vickery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
83	2	13	

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) Mo.

FATHER 13. NAME Lewis Resch

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Dillis H. Stoughton
7150 Cambridge Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd.

20. FILED MAY 24 1939 DR. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from November, 1938, to May 22, 1939.

I last saw him alive on May 15, 1939. Death is said to have occurred on the date stated above, at 6:45 pm.

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

Valvular Disease of Heart

Other contributory causes of importance: 131
Nephritis (Chronic)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) John B. Ruler, M. D.

(Address) 1023 N. Grand

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.

STATE OF MISSOURI DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

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 Stanley Marchlewski
Licensed Embalmer No. 2868
P. O. Address 3840 Lincoln

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 licensè.)

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