

20565

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5409

JUL 12 1939

791

Registration District No.

1000

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County City Hospital No.1
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital No.1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16
 (Specify whether

In this community,
years, months or days8. (a) PRINT FULL NAME Mary Vahle8. (b) If veteran,
name war —3. (c) Social Security
No. —

4. Sex female 5. Color or race white 6. (a) Single, widowed, married,
divorced married
 6. (b) Name of husband or wife Emil Vahle 6. (c) Age of husband or wife if
alive 60 years
 7. Birth date of deceased Aug 30, 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 16 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation hwk

11. Industry or business

12. Name Joseph Vahle18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Mary Dietz15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature M. Kent(b) Address City Hospital No.117. (a) Burial (b) Date thereof June 20-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation S. S. Peter & Paulen18. (a) Signature of funeral director W. J. Brack & Co.(b) Address 2929 S. Jefferson Av.19. (a) JUN 18 1939 (b) J. J. Brack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis, Missouri 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3150 California
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16, 1939
year _____ hour 9.30 minute P M.21. I hereby certify that I attended the deceased from 6/16/39
6/16/39, 19____, to _____, 19____;
that I last saw her alive on 6/16/39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Duration

Due to

Due to

Other conditions Chronic Arteriosclerosis
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Geo. M. Pike (M. D. or other)Address City Hospital No.1 Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19511

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.

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 Edgar F. With

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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.