

001

MARGIN RESERVED FOR BINDING

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

91
 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.

 639
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

 State File No. 37258

 Registration District No. 784

 Primary Registration District No. 200

 Registrar's No. 1924

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Wellston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Vincent's Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life (Specify whether years, months or days)

 3. (a) PRINT FULL NAME Jeanette C. Vatterott

 3. (b) If veteran, name war No 3. (c) Social Security No. None

 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

 6. (b) Name of husband or wife Charles F. Vatterott, Jr. 6. (c) Age of husband or wife if alive 37 years

 7. Birth date of deceased June 26 1906
 (Month) (Day) (Year)

 8. AGE: Years 33 Months 4 Days 4 If less than one day hr. _____ min. _____

 9. Birthplace St. Louis County, Missouri
 (City, town, or county) (State or foreign country)

 10. Usual occupation Housewife

 11. Industry or business At Home

 12. Name Friend Rutherford

 13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

 14. Maiden name Jeanette Branz

 15. Birthplace Calhoun County, Illinois
 (City, town, or county) (State or foreign country)

 16. (a) Informant's own signature Charles F. Vatterott, Jr.

 (b) Address Clayton Road

 17. (a) Burial (b) Date thereof Nov. 27/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

 (c) Place: burial or cremation Calvary Cemetery

 18. (a) Signature of funeral director J. W. Clark

 (b) Address 1125 Hodiament Ave, St. Louis

 19. (a) OCI 31 1939 (b) R. M. ...
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Clayton Road, 2 BAXTER
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month Oct day 30th
 year 1939 hour 8 minute 18 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

 that I last saw h. s. r. alive on 10-30-39, 19____; and that death occurred on the date and hour stated above.

 Immediate cause of death. Apoplexy Duration 9 hrs

 Due to Essential Hypertension - ?

Malignant Phob

Due to _____ ?

 Other conditions Diffuse Cerebral ?

Arteriosclerosis

Major findings: _____

Of operations _____

 Of autopsy As above & Cortical
degeneration

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 David Bashard (M. D. number) _____

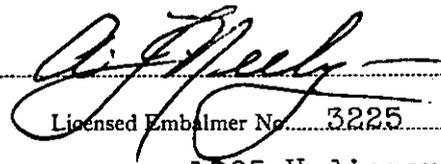
 Address St. Vincent's San Date signed 10-30-

19 39

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, pr/bj
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3225

P. O. Address 1225 Hodiament Ave.

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.