

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

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Vuichard
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 19 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 4 hr. min.

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

MOTHER FATHER
12. Name Nicholas Vuichard
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Marisse
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. L. Sullivan
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 3/26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn

18. (a) Signature of funeral director Fendler Und Co.
(b) Address 7420 Michigan Ave.

19. (a) MAR 26 1940 (b) J. F. Beduch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 23
year 1940 hour 6:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar. 21, 19 40 to Mar. 23, 19 40
that I last saw him alive on Mar. 23, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cholelithiasis
Due to Intussusception
Due to Adhesive Peritonitis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None.
Of autopsy As above

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 James T. Monke (M. D. or other)
Address 5400 Arsenal Date signed 3-25-40

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

Wilson Collins

Licensed Embalmer No.

3887

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.