

REGD JAN 15 1940 91

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 1 yr - 1 mo - 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5741 Lotus - Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1940 hour 11 minute 25 p. m.

21. I hereby certify that I attended the deceased from Dec. 2 1940 to Dec. 8 1940
that I last saw her alive on Dec. 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, cause unknown
Duration 6 days

Due to Grippal bronchitis Duration 14 days

Due to _____

Other conditions: 11 a
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

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)
(a) Means of injury: _____

23. Signature T. S. Zahony M. D. (crossed)
Address 536 N. Taylor Date signed 12/9/40

3. (a) PRINT FULL NAME DANNA MEREDITH VERMILION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 3 39
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 5 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name WADE VERMILION

13. Birthplace Keige Mo
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE BARDING

15. Birthplace GREENSBURG PA.
(City, town, or county) (State or foreign country)

16. (a) Informant: FATHER

(b) Address: 5741 Lotus Ave

17. (a) _____ (b) Date thereof Dec 11 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Sebastian

18. (a) Signature of funeral director Geo. J. Plechacki Inc.

(b) DEC 2 7 6 6 Carter Ave

19. (a) DEC 9 1940 (b) J. A. Plechacki
(Date received local registrar) (Registrar's signature)

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

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.....

David C. Gibson, Registered Apprentice No. 3494
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3494
P. O. Address 5966 Eastern St

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.