1981
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5072

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1534

1. PLACE OF DEATH:

(a) County
(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:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 Clara
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose Fredericka Vach

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife August C. Vach
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 15, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Gustave Koetter
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Fredericka Lunte
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Dorothy Putnam
(b) Address 1319 Clara
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) FEB 19 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17, year 1942 hour 7:10 minute P. M.
21. I hereby certify that I attended the deceased from February 16, 1942, to February 17, 1942 that I last saw her alive on February 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus Carbuncle of head and neck

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

61

59

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph E. Von Kaenel (M. D. or other) 0
Address 1515 Lafayette Avenue, Date signed 2/18/42

(Licensed Embalmer's Statement on Reverse Side)

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 Florence Eynok

Licensed Embalmer No. 1284

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, fact should be so stated above.