

FILED JUN 15 1942 91

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 4828

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
Luthern Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
19

(c) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL") 7/

(d) Street No..... 757 Dover Place  
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William F. Vasel

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex..... Male 0

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Emma Vasel

6. (c) Age of husband or wife if alive..... 64 years

7. Birth date of deceased..... December 24, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>7</u>	..... hr. .... min.

9. Birthplace..... St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... Henry Vasel

13. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name..... Charolette Leuching

15. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Emma Vasel

(b) Address..... 757 Dover Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 6-3-42  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Hope Mausoleum

18. (a) Signature of funeral director..... Southern Funeral Home

(b) Address..... 6322 S. Grand Blvd.

19. (a) JUN 2 1942 (Date received local registrar)

(b) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 31st  
year..... 1942 hour..... 10:15a.m. minute..... M.

21. I hereby certify that I attended the deceased from..... April 3  
1942 to..... May 31, 1942  
that I last saw him alive on..... May 31, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Valvular Heart Disease 10 yrs

Due to..... Chronic arterio sclerosis 10 yrs

Due to..... Coronary Thrombosis 2 hours

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN.....  
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) (e) Means of injury

23. Signature..... Adams Youngman (M. D. or other) M.D.  
Address..... 5439 Gravois Date signed..... 6/2/42

Dr. Adam J. Youngman  
5437 Illinois  
HU 1340  
1 to 3 6 to 9

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**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.....

*Virgil L. Berayman*

Licensed Embalmer No. *4018*

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.**