S. No. 2
M—4-13-40
5-17-39
I X23159

95

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34950

State File No.

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 62

1. PLACE OF DEATH:
(a) County STE GENEVIEVE
(b) City or town STE GENEVIEVE Tiwn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 147 So. 2 ND / STREET
(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: 95
(a) State MISSOURI (b) County STE GENEVIEVE
(c) City or town STE GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No. 147 So. 2 ND
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MRS ROSINA VAETH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN JOS. VAETH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 12 TH (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
74	6	26	hr. min.

9. Birthplace LAWRENCETON, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name PETER KIRCHNER
13. Birthplace NEW ORLEANS, (City, town, or county) LA. (State or foreign country)
MOTHER
14. Maiden name ANASTASIA SCHWEISS
15. Birthplace BADEN (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant PETER J. VAETH
(b) Address STE GENEVIEVE, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. (Month) 12 (Day) 1942 (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Jerry Stanton Mortuary
(b) Address Ste Genevieve, Mo.
19. (a) Oct 9-42 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 8 TH year 1942 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 7-42, 19__, to Oct 8-, 1942 that I last saw her alive on Oct 8-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	24 hrs
Due to arterio-sclerosis	2 2
Chronic Myocarditis	2 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 d

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Robert A. Fanning (M. D. or other)
Address Ste. Genevieve, Mo. Date signed 10/9/42

766 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1142-130

Date Filed 11-7-42

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 LeRoy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, 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.