

Permit No. 4942
Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston Station
(c) Name of hospital or institution: 6755 Page Blvd.
(d) Length of stay: In hospital or institution. Life
In this community. Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston Station
(d) Street No. 6755 Page Blvd.
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Helen Vordtriede
3. (b) If veteran, name war. -- 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 16
year 1942 hour 10 minute 15 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Henry Vordtriede
6. (c) Age of husband or wife if alive, -- years
7. Birth date of deceased July 3, 1870

21. I hereby certify that I attended the deceased from MAY 21, 1937, to Dec. 16, 1942 that I last saw her alive on Dec. 15, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 5 Days 13 hr. min.

Immediate cause of death: Chronic Myocarditis, Chronic Interstitial Nephritis
Due to: arterio-sclerosis

9. Birthplace St. Louis, Missouri

Due to: 12/10

10. Usual occupation Home

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

11. Industry or business --

Major findings: Of operations

12. Name Kolb

Of autopsy

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Henry Vordtriede
(b) Address 6755 Page Blvd.

17. (a) Burial (b) Date thereof 12 19 42
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Tracher-Heldens Und. Co.
(b) Address 3634 Graymo Avenue

19. (a) DEC 21 1942 (b) C. G. McQueen

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?

(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 M. D. Address 4520 Vinton St. Date signed 12-14-42

Duration 6yrs
PHYSICIAN Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert C. White
Licensed Embalmer No. 2128
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.