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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

10924

State File No.

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 33

36
6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town WASHINGTON Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~: ST. FRANCIS O
(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 ALL years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County FRANKLIN 36
(c) City or town NEW HAVEN Mo O
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME PEARL VEDDER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ FRANK VEDDER
6. (c) Age of husband ~~or wife if~~ alive 40 years
7. Birth date of deceased 1 (Month) 4 (Day) 1910 (Year)

8. AGE: Years 34 Months 2 Days 8 If less than one day hr. min.

9. Birthplace NEW HAVEN Mo O (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name FRITZ VOGT
13. Birthplace NEW HAVEN Mo O (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ANNA BRECKENKAMP
15. Birthplace NEW HAVEN Mo O (City, town, or county) (State or foreign country)
16. (a) Informant Frank Vedder
(b) Address New Haven Mo
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 3-14-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ NEW HAVEN Mo
18. (a) Signature of funeral director L. C. Fertig & Son
(b) Address New Haven Mo
19. (a) 3/14/44 (Date received local registrar) (b) Lucille Ruthan Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 5:40 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hit by Mo-Pacific Passenger Drain at the main crossing
Due to in New Haven, Missouri
Due to Shock, Fractured back crushed pelvis Fractured
Other conditions left & right leg.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

170a-b
23

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) Accident 036
(b) Date of occurrence March 9, 1944
(c) Where did injury occur? New Haven Franklin Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? — (e) Means of injury Auto Train accident
23. Signature Ernst L. Oltman (M.D. or other) 3 Coroner
Address Gerald Missouri Date signed 3-13-44

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 4-5-44

JUN 26 1945

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 Earl Fertig

Licensed Embalmer No. L3385

P. O. Address New Haven 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.