S. No. 2
M—8-43
v. 5-17-39
o I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10725

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Ste. Genevieve
(b) City or town Ste Genevieve (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ste Genevieve
(c) City or town Ste. Genevieve (If outside city or town limits, write "RURAL") 45
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred T. Vest
3. (b) If veteran, name war
3. (c) Social Security No. 498-09-3835

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Merritt
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April (Month) 7 (Day) 1892 (Year)

8. AGE: Years 52 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Belleview, Iron Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business
MOTHER FATHER
12. Name Mosby Vest
13. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Josephine Martin
15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Fred T. Vest
(b) Address Ste Genevieve Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Goodwater, Iron Co., Mo.
18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve, Mo.
19. (a) Mar 1/45 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1945 hour 6 minute 05A. M.
21. I hereby certify that I attended the deceased from March 1, 1945, to March 1, 1945; that I last saw him alive on March 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	2 hrs
Due to	
Due to	
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature L. J. Clapsaddle (M. D. or other) MD
Address Ste Genevieve Mo. Date signed 3-2-45

706 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 345-402
Date Filed 3-23-45

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.

MAR 29 1945

Signed Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.