. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

25358

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26512

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 291

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 506 N. Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: - - -
In this community: 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girar.
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No.: 506 N. Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - -

3. (a) PRINT FULL NAME: Carl Wilhelm Friedrich Vasterling
3. (b) If veteran, name war: - - -
3. (c) Social Security No.: - - -

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma A. W. Vasterling
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Feb (Month) 9 (Day) 1866 (Year)

8. AGE: Years 80 Months 6 Days 18 If less than one day: hr. min.

9. Birthplace: Gordonville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired shoe worker
11. Industry or business:
12. FATHER Name: Carl W. F. Vasterling
13. FATHER Birthplace: - - - - (City, town, or county) Germany (State or foreign country)
14. MOTHER Maiden name: Margaret Ludwig
15. MOTHER Birthplace: - - - - (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Carl W F Vasterling
(b) Address: 506 N Boulevard Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 29 '46 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: M. G. Loeber Jr.
(b) Address: Cape Girardeau Mo.
19. (a) 8-28-1946 (Date received by local registrar) (b) E. E. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 46 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1946 to Aug 27, 1946 that I last saw him alive on Aug 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio Renal - Nephrosclerosis — Duration 1 yr
Due to:
Due to: ✓
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: ✓ 13/0
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: 0

23. Signature: [illegible] (M. D. or other) Md.
Address: Cape Girardeau Mo. Date signed 8-28-46

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2549

Date Filed 9-3-46

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 M G Larberg

Licensed Embalmer No. 2518

P. O. Address Cape Girardeau 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.