S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10776

FILED APR 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3261

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3407 Dunnica 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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 16 3407 Dunnica St. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Rosa Vaeth
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph M. Vaeth 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 6th, 1860 (Month) (Day) (Year)
8. AGE: Years 88 Months 1 Days 26 If less than one day hr. min.
9. Birthplace Lancaster, Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Frederick Studle
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rosina Ringwald
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Emil Vaeth
(b) Address 3407 Dunnica Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cemetery
18. (a) Signature of funeral director Beiderwieden F.H.Inc.
(b) Address 1936 St. Louis Avenue
19. (a) APR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1948 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from Feb. 22, 1948, to April 2, 1948; that I last saw her alive on April 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs
Due to: Arterio-Sclerosis Gen.	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Julius Chas Roller (M. D. or other) M.D.
Address 2603 Cherokee St Date signed April 3 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Julius C. Rotter
2603 Cherokee

Pr. 3636 3-4

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 May L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave.

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.