V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1948

Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11760

Primary Registration District No. 3010

Registrar's No. 145

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU.
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 323 THEMIS ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOME (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County CAPE GIR
(c) City or town CAPE GIRARDEAU. 16
(If outside city or town limits, write "RURAL")
(d) Street No. 323 THEMIS 14
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME CLARA M. VASTERLING

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 23 - 1881 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 8 If less than one day hr. min.

9. Birthplace CAPE GIRARDEAU. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED OPERATOR.

11. Industry or business TELEPHONE CO.

MOTHER FATHER

12. Name FRED VASTERLING. 4

13. Birthplace GERMANY. (City, town, or county) (State or foreign country)

14. Maiden name MARY HIMSTEDT

15. Birthplace IRONTON Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant MISS AMANDA VASTERLING
(b) Address CAPE GIRARDEAU.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 - 3 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation LORIMIER CEM.

18. (a) Signature of funeral director Walthers Funeral Home
(b) Address Cape Girardeau Mo.

19. (a) 5-4-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1st
year 1948 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 26 1948 to April 30th 1948 that I last saw h[illegible] alive on April 30th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days
Due to Sclerosis cerebral Artery
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 W. H. Wescoat (M. D. or other)
Address Cape Girardeau Date signed 5-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-597

Date Filed 5-10-48

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 Richard O. Laird, Registered Apprentice No. 602, working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

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.