S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1948

Registration District No. 985

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6047

State File No. 27407

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: ST. CHARLES
(b) City or town: ST. PAUL
(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 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: ST. CHARLES
(c) City or town: ST. PAUL
(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: —

3. (a) PRINT FULL NAME: HENRIETTA VETSCH
3. (b) If veteran, name war: —
3. (c) Social Security No.: NO
4. Sex: FEMALE
5. Color or race: W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: Widowed
6. (b) Name of husband or wife: Geo Vetsch deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 14 (Day) 1860 (Year)
8. AGE: Years 88 Months 0 Days 20 If less than one day hr. min.
9. Birthplace: ST. CHARLES Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSE WORK
11. Industry or business:
MOTHER FATHER
12. Name: HOFFMANN
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
14. Maiden name: EISENBATH
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: Bernadine Beeher
(b) Address: O'FALLON Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. PAUL Mo
18. (a) Signature of funeral director: Earl Kettler
(b) Address: O'FALLON Mo
19. (a) 8/14/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug 5 day year 1948 hour 11 PM minute M.
21. I hereby certify that I attended the deceased from July 15 1948 to Aug 4 1948 that I last saw her alive on Aug 4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic	18 yrs
Due to:	
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: [illegible] (M. D. or other)
Address: Old Monroe Mo Date signed 8/9/48

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

RECEIVED
District Health Officer No. 9
District File Number
AUG 16 1948
Date Filed

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 E. E. Kettly

Licensed Embalmer No. 8 7 7

P. O. Address Fallon 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.