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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28535

FILED SEP 7 1948

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 1974

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ellisville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway 50
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ellisville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 50 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Matilda Vesper

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 Married

6. (b) Name of husband or wife August Vesper

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July (Month) 27, (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	0	23	hr. min.

9. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Joseph Hensler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Walters
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant August Vesper
(b) Address Chesterfield, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cem., Ellisville

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) 8-21-48 (Date received local registrar) (b) Cecil A. Z. Sharp, M.D. (Registrar's signature) (B.H.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1948 hour 9 minute 03 A. M.

21. I hereby certify that I attended the deceased from July 3, 1948 to Aug 20, 1948
that I last saw her alive on Aug 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage -

Due to Arteriosclerosis "General"

Due to 83a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Henry F. Scott (M. D. or other) M.D.

Address Ballwin Mo Date signed Aug 18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Richard M. Bapp

Licensed Embalmer No. 4584

P. O. Address.....Baldwin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.