No. 300
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-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1005

Primary Registration District No.

State File No. 38723

Registrar's No. 10377

WRITE PLAINLY—USE 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: St.Anthony's Hospital
(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 Missouri (b) County 0 17

(c) City or town St.Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 3716 Wyoming Ave. 0
(If rural, give location)

16

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

If yes, name country

3. (a) PRINT FULL NAME Julia Vaeth

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Vaeth

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

7. Birth date of deceased January (Month) 2 (Day) 1861 (Year)

8. AGE: Years 87 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Zell (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Jokerst 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Veronica Grieshauber 0
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Harry Vaeth
(b) Address 3220 Wyoming Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ste.Genevieve,Mo.

18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 29 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1948 hour 10 minute 35 A M.

21. I hereby certify that I attended the deceased from 15 Nov '48, 19, to 28 Nov., 19 48 that I last saw her alive on 27 Nov., 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute ventricular dilitation

Due to myocardial degeneration 0

Due to 9 3/8

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 0

23. Signature Robert S. Nye M.D. (M. D. or other)

Address 3201 Arsenal St. Date signed 29 Nov '48

(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 Robert M. Murrau

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.