

FILED JAN 24 1949

Registration District No. 317

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42764

Primary Registration District No. 3069

Registrar's No. 3036

## 1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7444 Williams Ave.  
(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

3. (a) PRINT FULL NAME Louis H. Vehslage3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-26-7057

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Vehslage 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 28, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace: St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired-Mine Supt.

11. Industry or business \_\_\_\_\_

12. Name Herman J. Vehslage13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Mildred Vehslage(b) Address 7444 Williams17. (a) Burial (b) Date thereof 12-31-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Resurrection Cemetery18. (a) Signature of funeral director Jay B. Smith(b) Address 7456 Manchester Rd19. (a) 12-30-48 (b) Richard L. ...  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7444 Williams Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29  
year 1948 hour 9 minute 55 A.M.21. I hereby certify that I attended the deceased from  
12/12, 1947, to 12/29/48, 1948;  
that I last saw him alive on 12/20/48, 1948;  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinomatosis Duration 6 mosDue to Adenocarcinoma sigmoid 2 yrs.Due to 462Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 153X

Of autopsy \_\_\_\_\_

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John ... (M. D. or other) \_\_\_\_\_Address 6716 Big Bend Rd Date signed 12/30/48  
Walton Grove, Mo

*King*

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**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.....

*H. A. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

**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.**