

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17995

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1031

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>WEBSTER GROVES</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1030 W BIG BEND RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1030 W BIG BEND RD</u>			

3. NAME OF DECEASED (Type or Print) <u>DOROTHEA DE VETTER</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-49</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-18-1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>MOUND MINN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>1</u>
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13a. FATHER'S NAME <u>FRANK C. MITCHELL</u>	13b. MOTHER'S MAIDEN NAME <u>MABEL BUTTERFIELD</u>	14. NAME OF HUSBAND OR WIFE <u>LEON DE VETTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANDRE DE VETTER</u> ADDRESS <u>1019 FERDALE</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1-1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma (left breast lump)</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis generalized 1938</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr. 26, 1949, to Apr. 26, 1949, that I last saw the deceased alive on Apr. 25, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. J. Vellew M.D.</u>	23b. ADDRESS <u>532 W. Big Bend</u>	23c. DATE SIGNED <u>Apr 27 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>APRIL 29 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSCEOLA WIS.</u>	24d. LOCATION (City, town, or county) (State) <u>OSCEOLA WISCONSIN</u>
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DATE REC'D BY LOCAL REG. <u>4-27-49</u>	REGISTRAR'S SIGNATURE <u>Shirley L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirley L. ...</u> ADDRESS <u>Webster Groves Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed W. L. Aldrich.....

Signed.....

Student Embalmer

Licensed Embalmer No. 1332.....

P. O. Address Oakley Grove.....

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.