

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43138

State File No. 04823
Registrar's No.

96
2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton
c. LENGTH OF STAY (in this place) Unk.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Jennings
d. STREET ADDRESS 7207 Calvin Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) MAURICE b. (Middle) T. c. (Last) VESTER
4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 6, 1913 9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Operator
10b. KIND OF BUSINESS OR INDUSTRY Cement Plant
11. BIRTHPLACE (State or foreign country) Faxon, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James O. Vester
13b. MOTHER'S MAIDEN NAME Ora Barnes
14. NAME OF HUSBAND OR WIFE Alice Vester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 329-10-2164
17. INFORMANT'S SIGNATURE OR NAME Alice Vester, 7207 Calvin ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid 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 Uremia
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-5-1949 to 12-30-1949, that I last saw the deceased alive on 12-30-1949 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE R.R. Coyle (Degree or title) M.D. 23b. ADDRESS 601 Beatties and Clayton
23c. DATE SIGNED 12-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12-31-49
24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Knobel, Ark.

DATE REC'D BY LOCAL REG. 12-30-49 REGISTRAR'S SIGNATURE Herbert P. Womke, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

(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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Edouard H. Remelins

Licensed Embalmer No. 4283

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.