

No. 300
10-48

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7217

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 579

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 7 BOX 767</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u> b. (Middle) <u>H.</u> c. (Last) <u>VAHEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-8-89</u>	9. AGE (In years last birthday) <u>61</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JOHN VAHEY</u>		13b. MOTHER'S MAIDEN NAME <u>BRIDGET E. KELLY</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>	
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FIBROSIS OF LUNG FOLLOWING TUBERCULOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u> 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-27-50 1950, to 3-5-50, 1950, that I had seen the deceased ~~before~~ and that death occurred at 3:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Franklin P. Ruelbach M.D.</u>		23b. ADDRESS <u>JEFFERSON BARRACKS, MISSOURI</u>		23c. DATE SIGNED <u>3-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>DURIAL</u>		24b. DATE <u>March 8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>	
24d. LOCATION (City, town, or county) (State) <u>JEFF BRKS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister U & L Co.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar 6 1950</u>		ADDRESS <u>ST. LOUIS, MO.</u>			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Louis E. Hoffmeister

Licensed Embalmer No. 11 3871

P. O. Address 7414 S Broadway

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.