

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19074

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2153</u>		
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 (If outside corporate limits, write RURAL and give town) <u>Ellisville</u>		c. LENGTH OF STAY (in this place) <u>year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellisville</u>		d. STREET ADDRESS (If rural, give location) <u>Highway # 50</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, Highway # 50</u>				d. STREET ADDRESS (If rural, give location) <u>Highway # 50</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Christian August</u>		b. (Middle) _____		c. (Last) <u>Vesper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>Oct. 19 1864</u>		
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Vesper</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Reisinger</u>		14. NAME OF HUSBAND OR WIFE <u>Mathilda Hensler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. Meier, Chesterfield, Mo. R. 1.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>				DUE TO (b) <u>ARTERIO SCLEROSIS</u>				-
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>MAY 9, 1951</u> , to <u>MAY 11, 1951</u> ; that I last saw the deceased alive on <u>MAY 11, 1951</u> , and that death occurred at <u>5:50 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. R. Loving, MD</u> (Degree or title)				23b. ADDRESS <u>Ballwin, Mo.</u>		23c. DATE SIGNED <u>5.12.51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>		24d. LOCATION (City, town, or county) (State) <u>Ellisville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-12-51</u>		REGISTRAR'S SIGNATURE <u>Robert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

*Thos Schrader*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, Pa*

**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.