

FILED AUG 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23629

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5774 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Troy</u>		c. CITY OR TOWN <u>Snowhill Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Snowhill Twp rural</u>		d. STREET ADDRESS (If rural, give location) <u>0570</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>T</u> c. (Last) <u>Vehlewald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-51</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>11-21-1891</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Conductor</u>	11. BIRTHPLACE (State or foreign country) <u>Herman Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>John Vehlewald</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Marie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Vehlewald</u>		ADDRESS <u>Troy Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Resolving atypical pneumonia 2 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
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 <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>3-10</u> , 19 <u>47</u> , to <u>7-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>51</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE: <u>Milton A. Gritz M.D.</u> (Degree or title)		23b. ADDRESS <u>3903 Park Avenue</u>	
23c. DATE SIGNED <u>7-24-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Berks Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Coy</u> ADDRESS <u>Funeral Home Troy Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-28-51</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> 102	

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

2570

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 1 1951

RECEIVED

AUG 13 1951

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 Wayne McBooy

Licensed Embalmer No. 3586

P. O. Address Joy Ms.

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.