

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40319

State File No. ....

XC 1 197 050  
FEB 1952 6 1951

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3739

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b> <u>4000</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <b>ILLINOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFFERSON BARRACKS, MO.</b>		b. COUNTY <b>JERSEY</b>	
c. LENGTH OF STAY (in this place) <b>15 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>FIELDON</b> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMIN. HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEO</b>	b. (Middle) <b>J.</b>	c. (Last) <b>VAHLE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 18, 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>11-23-92</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>FIELDON, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>LOU VAHLE</b>	13b. MOTHER'S MAIDEN NAME <b>LENA GOTTEN</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	(If yes, give war or dates of service) <b>WW I</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, VAH, J.B., MO.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRAIN TUMOR</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>B3</b> DUE TO (b) - - - - -		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - - - - -		

19a. DATE OF OPERATION <b>11-17-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>TUMOR IN RIGHT FRONTAL LOBE</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>VA</b>	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 **Nov. 3, 1951**, to **Nov. 18, 1951**, and that death occurred at **5:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Nicholas J. Keller</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS., MO.</b>	23c. DATE SIGNED <b>11-18-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-19-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jerseyville, Ill.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>11-19-51</b>	REGISTRAR'S SIGNATURE <b>Hubert P. Dombke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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WRITE PLAINLY—USING UNEADING 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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Estouffes Remelino

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.