

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1955

State File No. 5383

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>0094</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ARNOLD</u>		c. LENGTH OF STAY (in this place) <u>8 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ARNOLD</u>		<u>0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 2, BOX 359</u>				d. STREET ADDRESS (If rural, give location) <u>RT. 2, BOX 359</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>***</u>		c. (Last) <u>VESSELS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 21, 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DECEMBER 11, 1883</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MADONNAVILLE, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MICHAEL WEILER</u>		13b. MOTHER'S MAIDEN NAME <u>LENA KROCK</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES P. VESSELS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES P. VESSELS RT2, BOX359 ARNOLD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chc. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>total Buerker's</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Arnold Jefferson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>1952</u> , 19 <u>52</u> , to <u>2/21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/21</u> , 19 <u>55</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. Reich MD.</u>				23b. ADDRESS <u>Imperial MO</u>		23c. DATE SIGNED <u>2/22/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS PETER & PAUL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>7030 GRAVOIS ST. LOUIS, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 26-1955</u>		REGISTRAR'S SIGNATURE <u>Ruth J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U. & L. CO.</u>		ADDRESS <u>7811 S. BROADWAY ST. LOUIS, MO.</u>	

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 1 1955

MAR 8 1955

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 *James C. Hoffmeister*

Signed.....
Student Embalmer

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broad*

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.