

STANDARD CERTIFICATE OF DEATH

State File No. **40159**

FILED JAN 5 - 1956 BIRTH NO. REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **4185** Registrar's No. **555**

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| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Clair | | c. LENGTH OF STAY (In this place) 35 yrs | c. CITY OR TOWN St. Clair |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Ridge Avenue | | STREET ADDRESS (If rural, give location) Ridge Avenue | |

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|-------------------------------------|---------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) Frank | c. (Last) Vedder | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1955 |
|-------------------------------------|---------------------------|--------------------------|-------------------------|--|

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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 9, 1897 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 4 HRS. Hours | IF UNDER 15 Min. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker | 10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory | 11. BIRTHPLACE (City and State or Foreign Country) New Haven, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Wm. F. Vedder, Sr. | 13b. MOTHER'S MAIDEN NAME Mary Homeyer | 14. NAME OF HUSBAND OR WIFE Esther Vedder |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WW I | 16. SOCIAL SECURITY NO. 488-07-7604 | 17. INFORMANT'S SIGNATURE OR NAME Vernon Vedder | ADDRESS St. Clair, Mo |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous Myocardial Infarction + Thrombosis | | 6 mo |
| | DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4201 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | 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 **1954**, to **Death**, 19**55**, that I last saw the deceased alive on **12-27**, 19**55**, and that death occurred at **12-27** m., from the causes and on the date stated above.

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| 23a. SIGNATURE John P. Pearl, M.D. (Degree or title) | 23b. ADDRESS St. Clair, Mo. | 23c. DATE SIGNED 12-30-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-31-55 | 24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery | 24d. LOCATION (City, town, or county) (State) St. Clair, Mo. |
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| DATE REC'D BY LOCAL REG. 12-31-55 | REGISTRAR'S SIGNATURE Floyd Williams | 511- | 25. FUNERAL DIRECTOR'S SIGNATURE Charles Smith | ADDRESS St. Clair, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 6 1955

JAN 10 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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *K. M. Leno*.....

Licensed Embalmer No. *3601*

P. O. Address: *St. Clair,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting...

If this body is not embalmed, fact should be so stated above.