

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43084

State File No.

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2983

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballwin</u>		c. CITY OR TOWN <u>Ballwin</u> <u>4740</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Street</u>		e. STREET ADDRESS (If rural, give location) <u>Oak Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>A.</u> c. (Last) <u>Vehlewald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 19, 1955</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>Aug 22, 1894</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>27</u> IF UNDER 4 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fire Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tyson Park</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osage Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Otto Vehlewald</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Kronk</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Vehlewald</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>WW I</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-01-8890</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Vehlewald Ballwin, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY OCCLUSION</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <u>CHRONIC MYOCARDITIS</u>				
		DUE TO (c) <u>NONE</u>				
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 <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ballwin Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			

22. I hereby certify that I attended the deceased from Nov. 12, 1955, to Dec. 19, 1955, that I last saw the deceased alive on Dec. 19, 1955, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. R. Loving, M.D.</u> (Degree or title)		23b. ADDRESS <u>BALLWIN, Mo.</u>		23c. DATE SIGNED <u>12-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Metho list</u>	
				24d. LOCATION (City, town, or county) (State) <u>Ballwin Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12-21-55</u>		REGISTRAR'S SIGNATURE <u>Heather R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home Ballwin, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 2 1957

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 *Richard Bopp*.....

Licensed Embalmer No. *44*.....

P. O. Address *Billwin*.....

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.