

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027527

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 6934

6934

S. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY Hosp.</u>			Length of stay in lb <u>2 1/2</u>		STREET ADDRESS (If outside, give location) <u>3431 ARSENAL</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>C.</u> Last <u>VEDDER</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>10</u> Year <u>1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 14 1886</u>		9. AGE (In years last birthday) <u>72</u>	FUNDER YEAR IF UNDER 24 HRS. Months Days 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 (City and state or country) <u>Mo O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A.</u>	
13a. FATHER'S NAME <u>AUGUST JENTZSCH</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN VEDDER</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>FLORENCE VEDDER ARSENAL</u> Address <u>3431</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Accident.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Diabetic Coma.</u> DUE TO (c) <u>260x</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u> <u>29 hrs.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>July 7, 1958</u> to <u>July 9, 1958</u> and last saw ^{her} him alive on <u>July 9, 1958</u> Death occurred at <u>July 10, 1958 1:25Am</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Wm H. Murray D.C.</u>				22b. ADDRESS <u>3407 S. Grand Blvd.,</u>		22c. DATE SIGNED <u>7-11-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>JULY 12 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK.</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		
24. FUNERAL DIRECTOR <u>Thomas Kute 2906 Francis</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 12 1958</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3407 J. Brown
Pr. 1-6161

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]
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4347

P. O. Address 2916 Stan

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.