

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042377

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11375

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jennings	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 Little Sisters of the Poor		Length of stay in lb 10 yrs.		d. STREET ADDRESS (If outside, give location) 8921 Lucerne Ct.	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES V. VITREY			4. DATE OF DEATH Month Day Year Nov. 24 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1867	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Passmore		13b. MOTHER'S MAIDEN NAME Louisa Coleman	
14. NAME OF HUSBAND OR WIFE August Vitrey		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Harold Vitrey Sr. 8921 Lucerne Ct.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio-sclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Multiple sclerosis of chord.</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <i>Heart</i>		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 <i>May 12, 1957</i> to <i>Nov. 24, 1958</i> and last saw her alive on <i>Nov. 21, 1958</i> Death occurred at <i>34</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Bernard H. Stone, M.D.</i>		22b. ADDRESS <i>2425 N. Grand Blvd</i>	
22c. DATE SIGNED <i>11-25-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>11/26/58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>			
24. FUNERAL DIRECTOR <i>Buchholz Mortuary 5967 W. Florissant</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 25 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gustav W. Dierker*

Licensed Embalmer No. *H 379*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.