Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016091
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1055

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST L. Co Hosp — Length of stay in 1b 1 dA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ST. LOUIS
c. CITY OR TOWN VINITA PARK 4041 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2109 WOLTER — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Bertha Middle Last Vazis
4. DATE OF DEATH Month April Day 16 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Nov 9-1883
9. AGE (In years last birthday) 76 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) CARSONVILLE MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME August Schulenberg
13b. MOTHER'S MAIDEN NAME MARY GIESLER
14. NAME OF HUSBAND OR WIFE PETER J VAZIS
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. 488-12-7830
17. INFORMANT MRS LOREN MASSEY — Address 3416 BROWN

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 20 min
DUE TO (c) Coronary Artery Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Generalized Arteriosclerosis - Marked 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4-15-59, to 4-16-59 and last saw her/him alive on 4-16-59
Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. H. Garrison, Jr. M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood, Clayton, MO
22c. DATE SIGNED 4-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-20-59
23c. NAME OF CEMETERY OR CREMATORY ST ANNS
23d. LOCATION (City, town, or county) (State) NORMANDY MO

24. FUNERAL DIRECTOR ORTMANN F. HOME — ADDRESS OVERLAND MO
25. DATE RECD. BY LOCAL REG. 4-19-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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 Sam S. Stefanovic, Student Embalmer No. 578 working under my personal supervision.

Student Samuel Stefanovic
Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address .....

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.