

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003001

AMENDED

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 29

STATE FILE NUMBER

FILED FEB 14 1962

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRY VILLAGE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL</u>		d. STREET ADDRESS (If outside, give location) <u>1090 MARKET ST</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SHERLY LINN VAETH</u>		4. DATE OF DEATH Month Day Year <u>FEB 5 1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/5/62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>PERRYVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ANTHONY F VAETH</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY K. NICKELSON</u>	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT <u>Anthony Vaeth Sr. Ste. Genevieve Mo</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>PREMATURE BIRTH 24 weeks gestation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PREMATURE RUPTURE MEMBRANES</u> DUE TO (c) <u>PREMATURE LABOR</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>1 week -</u> <u>1 week -</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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"/>	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 <input type="checkbox"/> NOT WHILE 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>2-5-62</u> to <u>2-5-62</u> and last saw her alive on <u>2-5-62</u> Death occurred at <u>3:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. N. De Genova MD</u> (Degree or title)		22b. ADDRESS <u>Ste Genevieve Mo</u>	
22c. DATE SIGNED <u>2-6-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>2/6/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>	
23d. LOCATION (City, town, or county) <u>STE. GENEVIEVE MO</u>		24. FUNERAL DIRECTOR <u>Geo. C. Davis Sr. Ste. Genevieve Mo</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>2-7-62</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 4746

P. O. Address Ste. Genevieve, 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.