

REC'D MAR 14 1938

3 MISSOURI STATE BOARD OF HEALTH  
2 BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4720'

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008** - Registered No. **1365**  
 (c) City **St Louis Mo** (d) Street No. **Esplanade, City Hospital - 41** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. **7238 S Lincoln** St. **NR** **Chicago Ill**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 6th 1938**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frieda Vehe**

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1886**

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **940** a.m.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Express messenger**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

The principal cause of death and related causes of importance were as follows:

**Ruptured aneurysm of Thoracic Aorta** Date of onset12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**Other contributory causes of importance: **96****Coronary Sclerosis**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT (ADDRESS) **Frieda Vehe 7238 S. Lincoln Chicago Ill**18. BURIAL, CREMATION, OR REMOVAL PLACE **Chicago Ill** DATE **2-10-38**19. FUNERAL DIRECTOR (ADDRESS) **Mullen Bros Inc 4259 Lyndell**20. FILE **FEB 7 1938** **J. Bredeck** Local Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Joseph M. J. J. J.**(Address) **Chicago Ill**

1938  
1886  
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**STATEMENT BY LICENSED EMBALMER**

I, W. Rogers, Licensed Embalmer No. 3905  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed W. Rogers  
Licensed Embalmer No. 3905

**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.)**