

MAR 13 1939

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

4454
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City (d) Street No. **3840 Cleveland**
(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 **443 Baby Vehlwald**

(a) Residence, No. **3840 Cleveland** St. **17**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE**

4. COLOR OR RACE **white**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 4th - 1939**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
Still Born

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

FATHER

13. NAME **Paul Vehlwald**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Friedrichsburg Missouri**

MOTHER

15. MAIDEN NAME **Viola Allemaun**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Herman Missouri**

17. INFORMANT (ADDRESS) **Paul Vehlwald 3840 Cleveland**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthew's** DATE **2/4/39**

19. FUNERAL DIRECTOR (ADDRESS) **Oscar Hoffmeister 4016 Chippewa St.**

20. FILED **FEB 4 1939** **J. D. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 4th 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19...
I last saw him **Still Born** alive on 19... Death is **Still Born**
to have occurred on the date stated above, at **6:10 A**
The principal cause of death and related causes of importance were as follows:
Intoxication by ingestion
Date of onset

Other contributory causes of importance:
Pre-maturity

Name of operation **none** Date of

What test confirmed diagnosis? **Routine** Was there an autopsy?

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) **John B. Orzill** M. D.
(Address) **1222 Miami Theatre**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE SERVING WITH OUR ARMY IN THE SOUTH SEAS I WAS A PERMANENT RECORD

1 X1204

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____ *No Embalming*
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)