

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.

AUG 11 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23581  
Registrar's No. 5854

Registration District No. \_\_\_\_\_

701  
1008

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. ANTHONY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 WEEKS  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL") 11  
(d) Street No. 1015 BLOW ST.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30 th  
year 1939 hour 4:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from JUNE 19 30 to JUNE 30, 1939  
that I last saw him alive on JUNE 30, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Clinical Findings  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
or means of injury \_\_\_\_\_

23. Signature Frank J. Shroyer (M. D. or other)  
Address 7000 Chipmunk St. Date signed July

3. (a) PRINT FULL NAME EMMA VETTER 360

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife PHILIPP VETTER 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 7-29-1866  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business \_\_\_\_\_

12. Name FRED HERMLE

13. Birthplace SWITZERLAND  
(City, town, or county) (State or foreign country)

14. Maiden name BARBARA (unknown)

15. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Phillip Vetter

(b) Address 1015 Blow St.

17. (a) BURIAL (b) Date thereof 7-3-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. PETER & PAUL

18. (a) Signature of funeral director Southern

(b) Address 6322 So Grand Blvd

19. (a) JUL 1 1939 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

*Dr. Frank Schwart*  
*2800 Cliffwood St*  
*11-12*

**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~~ .....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Virgil K. Berryman*

Licensed Embalmer No. ....

*14018*

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 this body is not embalmed, above space should be left blank.**