

Registration District No. **184**Primary Registration District No. **200**Registrar's No. **1004**

## 1. PLACE OF DEATH:

(a) County St. Louis County  
 (b) City or town Jefferson Barracks  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Admitted 5/21/40.  
 (Specify whether  
 In this community Unknown.  
 years, months or days)

3. (a) PRINT FULL NAME William F. Vedder 3603. (b) If veteran, name war World War 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years7. Birth date of deceased January 8, 1885  
(Month) (Day) (Year)8. AGE: Years 55 Months 4 Days 16 If less than one day  
hr. min.9. Birthplace St. Louis, Missouri. 0  
(City, town, or county) (State or foreign country)10. Usual occupation Paper Hanger. 611. Industry or business -12. Name Henry Vedder 613. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Augusta Peters15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature M. Schilling(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.17. (a) Burial (b) Date thereof May 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Johns Cemetery18. (a) Signature of funeral director W. Reidner(b) Address 2223 Shiloh Ave.19. (a) MAY 25 1940 (b) C. W. Hughes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2312-a North 14th Street.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. - years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1940 hour 6:25 minute a. M.21. I hereby certify that I attended the deceased from  
May 21, 1940, to May 24, 1940that I last saw him alive on May 24, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Appendicitis, with perforation and secondary peritonitis. DurationDue to -Due to - 121Other conditions Pyothorax, right. Coronary arteriosclerotic heart disease with myocardial damage and myocardial insufficiency.Major findings: -Of operations -Of autopsy Yes. See cause of death.

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

(a) Accident, suicide, or homicide (specify) NO(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? -

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While at work? Yes (Specify type of place) (e) Means of injury23. Signature C. W. Hughes, M.D. (M. D. or other) 1Address Chief Medical Officer, Vet. Adm. Fac., Jeff. Bks., Mo. Date signed

**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 Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

**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.**