

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FILED AUG 5 1940

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1334

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town CLAYTON
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSP
(d) Length of stay: In hospital or institution 1 DAY

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town PINE LAWN
(d) Street No. 6101 LITHIA AVE
(e) If foreign born, how long in U. S. A. 65 years

3. (a) PRINT FULL NAME JOHN N. VETTER
(b) If veteran, name war L
(c) Social Security No. L

20. DATE OF DEATH Month July day 15 year 1940 hour 12.40 minute 8 P. M.

MEDICAL CERTIFICATION

I hereby certify that I attended the deceased from July 4, 1940, to July 14, 1940, that I last saw him alive on July 14, 1940, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA VETTER
6. (c) Age of husband or wife if alive 67 years

Immediate cause of death Cerebral Hemorrhage Duration 10 days

8. AGE: Years 82 Months 2 Days 1 If less than one day hr. min.

Due to Hypertension

9. Birthplace BADEN GERMANY

Due to 85

10. Usual occupation UNEMPLOYED

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace GERMANY
14. Maiden name UNKNOWN
15. Birthplace GERMANY

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Frank Townsend
(b) Address 6101 Lithia Ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) BURIAL (b) Date thereof JULY 18 1940
(c) Place: burial or cremation MEMORIAL PARK CEM.

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director L. P. Tanner
(b) Address 6107 Natural Bridge Rd.
19. (a) JUL 17 1940 (b) [Signature]

23. Signature [Signature] (M. D. certificate)
Address 3601 Center St. Date signed July 16, 40

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 *J. Y. Sullivan*
Licensed Embalmer No. *1122*

P. O. Address.....

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.