

FILED NOV 25 1940

Registration District No. 184

Primary Registration District No. 111

Registrar's No. 1876

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Richmond Heights,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GRACE M. VAHLKAMP,

8. (b) If veteran, name war none. 8. (c) Social Security No. none.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Gustav Vahlkamp. 6. (c) Age of husband or wife if alive 49. years

7. Birth date of deceased Sep't, 21, 1891.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49.</u>	<u>0.</u>	<u>13.</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name John H. Moller.
13. Birthplace O'Fallon, Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine A. Wycoff.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Gustav Vahlkamp.
(b) Address 8008 Orlando Dr. Clayton.

17. (a) Cremation. (b) Date thereof 10/5/40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crem.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Bly'd.

19. (a) OCT - 5 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.
(c) City or town Clayton.
(If outside city or town limits, write "RURAL")
(d) Street No. 8008 Orlando, Drive.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th
year 1940 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from Sept 16
1940 to Oct 4, 1940
that I last saw her alive on Oct 4 -, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Melanotic Carcinoma

Due to Carcinoma of Ovary
Pr -

Due to 49

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Diffuse Carcinoma over
uterus & adomine cavity.
Of autopsy no.

Duration
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) (e) Means of injury _____

23. Signature William H. ... (M. D. or other) _____
Address 330 Metropolitan Bldg Date signed 10/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Wm. H. Vogt.
Metropolitan Bld'g.
2 - 4.
Je. 4141.

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 _____

Don K. Michelson, Registered Apprentice No. 219
working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

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.