

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

16766

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5101
Registrar's No. 5101

FILED JUN 22 1942 91
Registration District No. 791

Primary Registration District No. 1002

06
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(c) Name of hospital or institution: 5214 Dewey /
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 1015 Blow St., 91
(e) Citizen of foreign country? 55 Yrs. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Philip Vetter
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10th
year 1942 hour 4 P.M. minute M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Vetter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 2, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 28th, 1942, to June 10th, 1942
that I last saw him alive on June 10th, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 8
If less than one day hr. min.

Immediate cause of death Apoplexy (cerebral hemorrhage) 2 days

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Retired 6 Yrs. Cabinet Maker

Due to Arteriosclerosis
Cirrhosis of the liver
Due to Cirrhosis of the liver 6 months

11. Industry or business (Unknown) Vetter
12. Name (Unknown) Vetter
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Appollina Acker
15. Birthplace Germany (City, town, or county) (State or foreign country)

Other conditions Cirrhosis of the liver 6 months
(Include pregnancy within 3 months of death)

16. (a) Informant Mr. Arthur W. Venn
(b) Address 5214 Dewey
17. (a) Burial (b) Date thereof 6-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings: Of operations
Of autopsy None
PHYSICIAN Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation New S.S. Peter & Paul Southern Funeral Home, 6322 S. Grand Blvd.,
18. (a) Signature of funeral director
(b) Address JUN 12 1942 J. F. Brudek
19. (a) (Date received local registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature S. Jefferson (M. D. or other)
Address 2278 S. Jefferson Date signed 6-11-42

844 (Licensed Embalmer's Statement on Reverse Side)

Dr. Jungs
2278a Jefferson

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

Voyl P. Thompson

Licensed Embalmer No.

4018

P. O. Address

87 G. New

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, fact should be so stated above.