S. No. 2
OM—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39438

State File No.

Primary Registration District No. 1003

Registrar's No. 10667

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5603 Colorado Av. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 12

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 5603 Colorado Av.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William David Vincent

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife Rosa E. Vincent

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 24 (Day) 1863 (Year)

8. AGE: Years 79 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Madison Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Watchman Railroad.

11. Industry or business Retired

FATHER
12. Name David W. Vincent
13. Birthplace Hopkins Co. (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Unknown
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Jesse D. Vincent
(b) Address 5603 Colorado Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem

18. (a) Signature of funeral director Witt Bro. L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1942 hour 10 minute 40 p. M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to Dec 14, 1942
that I last saw him alive on Dec 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	3 yrs.
Due to arterio-sclerosis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD
Address 3218 S. Grand Date signed 12-20-42

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietrle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.