V. S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3584

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 226

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8009 Brittin ave. 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 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 0
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8009 Brittin ave.
(If rural, give location)
(e) Citizen of foreign country? nc (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Vasel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race 1 White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Henry Vasel 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 9 (Day) 1869 (Year)

8. AGE: Years 73 Months 1 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Carl PPruetzel
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Marie Hertel
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Minnie Boswell
(b) Address 8009 Brittin ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cemetery C. Hoffmeister U. & L. Co.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) JAN 30 1943 (Date received by local registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1943 hour 6 minute 50 p M.

21. I hereby certify that I attended the deceased from Jan. 23 1943 to Jan 26 1943
that I last saw her alive on Jan 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Chr. Bronchial Asthma — Duration 2 yrs.

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations —
Of autopsy —

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 F. Wagenbach (M. D. ~~or other~~)
Address 4738 Nassau Date signed 1/28/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wagenbach 9 to 10 am
2 to 4 pm
4738½ Gravois ave

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.