

**FILED MAR 9 1945**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3960a DeTonty  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emile E. Vetter

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Vetter 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 31, 1882  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th year 1945 hour 7:45 minute A.M.

21. I hereby certify that I attended the deceased from 1-10-45 \_\_\_\_\_, 19\_\_\_\_, to 2-18 \_\_\_\_\_, 1945  
that I last saw him alive on 2-18 \_\_\_\_\_, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
62 6 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis Duration 30 min.

9. Birthplace Whistler Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance agent

Due to C.M.B. Lines

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 30g

11. Industry or business \_\_\_\_\_

12. Name Emile Vetter

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Cole

15. Birthplace Mobile Alabama  
(City, town, or county) (State or foreign country)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie K. Vetter

(b) Address 3960a DeTonty

17. (a) Burial removed Date thereof 2-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whistler, Alabama

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? \_\_\_\_\_

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois St Louis Mo

19. (a) FEB 19 1945 (b) J. F. Budack  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. F. Budack (M. D. or other) \_\_\_\_\_  
Address 608 Xingstead Date signed 2-19-45

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

**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.....

*B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

**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.**