. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39735

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1406

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 626 South 10th 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam Vegder
3. (b) If veteran, name war No
3. (c) Social Security Not stated
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March (Month) 15 (Day) 1889 (Year)

8. AGE: Years 57 Months 9 Days 1 If less than one day hr. min.

9. Birthplace ---- (City, town, or county) Romania (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business
MOTHER FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) Unknown (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Sol Vegder
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Shaare Sholem Cem.
18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo
19. (a) 12-23-46 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1946 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from July 3, 1944, to Dec 16, 1946 that I last saw him alive on Dec 16, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Arteriosclerotic Heart Disease | 2 |
| Due to: Arteriosclerosis, general | 2 |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Nephritis, Chr | 2 |

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 H W Carle (M. D. or other)
Address St. Joseph, Mo Date signed 12-18

342 (Licensed Embalmer's Statement on Reverse Side)

APR 26 1948

PR 26 1948

APR 26 1948

**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. Robert L Yapple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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, fact should be so stated above.**