

No. 300
4-10-47
5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948
STANDARD CERTIFICATE OF DEATH
1003

State File No. **28288**
Registrar's No. **7147**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: 5235 Page Blvd.
(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

3. (a) PRINT FULL NAME Josephine Vahling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 28 1869
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>79</u> | <u>7</u> | <u>15</u> | hr. _____ min. _____ |

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

10. Usual occupation Nihil

11. Industry or business _____

12. Name J. Sickinger

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gubart

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

16. (a) Informant Mrs. S. Brunker

(b) Address 5235 Page Blvd.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Aug. 16, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Samuel Dickman
1431 Union Blvd.

(b) Address _____

19. (a) AUG 14 1948
(Date received local registrar)

(b) J. Brunker
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wash.

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

(d) Street No. 5235 Page Bldg.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1948 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from June, 1946, to Aug 13, 1948
that I last saw her alive on Aug 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Myocarditis
Arteriosclerosis
Senility

Due to _____

Due to _____

Other conditions 95
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Samuel Dickman M.D. or other MD
3903 Olive
(Date signed) 8-14-48

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

MOTHER FATHER

H. Harris & Mo

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address: *St. Louis*

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.