

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39387

State File No.

318

1003

9794

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. STATE Missouri	
c. LENGTH OF STAY (in this place) d		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) 15 - 4473 Grace Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Eugene	b. (Middle) Thomas	c. (Last) Vaeth	4. DATE OF DEATH (Month) (Day) (Year) November 12, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 11	IF UNDER 2 HRS. Days 21	IF UNDER 4 HRS. Hours	IF UNDER 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific R.R.	11. BIRTHPLACE (State or foreign country) St. Genevieve, Missouri	12. CITIZEN OF WHAT COUNTRY? O
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13a. FATHER'S NAME Joseph Vaeth	13b. MOTHER'S MAIDEN NAME Mary Ann Grieshaber	14. NAME OF HUSBAND OR WIFE Mary Robb Vaeth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) es World War I (Army) 702-14-2021	16. SOCIAL SECURITY NO. 2021	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Vaeth	ADDRESS 4473 Grace Avenue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4/201
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22. I hereby certify that I attended the deceased from Sept. 30, 1949, to Oct. 26, 1949, that I last saw the deceased alive on Oct. 26, 1949, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE John A. Nottingham, M.D.	(Degree or title)	23b. ADDRESS Mo. Pacific Hospital Grand + Shaw	23c. DATE SIGNED 11/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 14, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Genevieve, Missouri
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DATE REC'D BY LOCAL REG. NOV 14 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Robert & U. Co.	ADDRESS 1905 So. Grand Blvd.
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 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.