

S. No. 300  
V. 10.48

STANDARD CERTIFICATE OF DEATH

State File No. 33862

MAILED SEP 16 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2329

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Robertson Route 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Robertson Route 1</b>	
c. LENGTH OF STAY (In this place) <b>3 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Smiley &amp; Midland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smiley &amp; Midland</b>		e. STREET ADDRESS (If rural, give location) <b>Smiley &amp; Midland</b>	

3. NAME OF DECEASED (Type or Print) <b>Edward F Vessels</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 5 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 28 1912</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>compounder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chemical</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Paul Vessels</b>	13b. MOTHER'S MAIDEN NAME <b>Stella Burch</b>	14. NAME OF HUSBAND OR WIFE <b>Theresa Mills Vessels</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-1265371</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Theresa Vessels Robertson Route 1 Mo</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>33 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		
	DUE TO (c) <b>4201</b>		
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"/>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **25 July, 1952** to **5 Sept, 1952**, that I last saw the deceased alive on **2 Sept, 1952**, and that death occurred at **9:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. E. Hengen M.D.</b>	(Degree or title)	23b. ADDRESS <b>Pattonville, Mo.</b>	23c. DATE SIGNED <b>6 Sept 52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/8/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>

DATE REC'D BY LOCAL REG. <b>9-7-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domb MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ortmann F Home 9222 Lackland Overland Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS  
MAR 11 1960

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address.....

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.