

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34240**
Registrar's No. **9114**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 34240		Registrar's No. 9114			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 6185 Westminster Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) KARL			b. (Middle) M.			c. (Last) VETSBURG			4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 22, 1879		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 29	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Sigmund Vetsburg				13b. MOTHER'S MAIDEN NAME Carrie Loth				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. I. Friedheim-6185 Westminster Ave.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion								INTERVAL BETWEEN ONSET AND DEATH 9/19/53			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction								9/19/53			
DUE TO (c) Arteriosclerotic Heart Disease								6 years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension								6 years			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from Feb. , 19 47 , to Sept. 20, 1953 , that I last saw the deceased alive on Sept 19, 1953 , and that death occurred at 1 P. m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Herman M. Meyer M.D.						23b. ADDRESS 4409 West Pine			23c. DATE SIGNED 9/21/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/23/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. SEP 21 1953		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5212 Delmar Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed Peter B. Dubrouille

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.