

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6160-61-023273
STATE FILE NUMBER

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6160

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>17 days</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		c. CITY OR TOWN <u>Afton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9929 Lacewood Lane</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>EMILIE</u> Middle <u>VAHLE</u> Last <u>VAHLE</u>					4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1961</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/9/81</u>	9. AGE (last birthday) <u>79 yrs.</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Herman Schlef</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Seitz</u>			14. NAME OF HUSBAND OR WIFE <u>George Vahle</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Fred W. Rinehart, 9929 Lacewood Lane, Afton 23, Mo.</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Coronary Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6/20</u> <u>6/29</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <u>153.0</u>								PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>6/12</u>		20f. CITY, TOWN, OR LOCATION <u>6/29</u>		20g. COUNTY <u>St. Louis</u>	20h. STATE <u>Mo.</u>
21. I attended the deceased from <u>6/12</u> to <u>6/29</u> and last saw her/him alive on <u>6/29</u> . Death occurred at <u>7:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Ralph Berglund</u> (Degree or title)				22b. ADDRESS <u>3203 S. Grand</u>				22c. DATE SIGNED <u>7/1/61</u> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>July 3, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>			23d. LOCATION (City, town, or county) <u>St. Louis County, Missouri</u>			
24. FUNERAL DIRECTOR <u>Beiderwieden F.H.Inc., 1936 St. Louis (6)</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>JUL 3 1961</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>				

11:30 - 3:30
1107726

80112

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 _____
Signature of Student Embalmer

Signed David [Signature]

Licensed Embalmer No. 452e
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.