

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**

County..... Registration District No. 701 File No. 30583  
 Township St. Louis Mo Primary Registration District No. 1008 Registered No. 9962  
 City..... (No.....) St..... Ward.....

**2. FULL NAME**

William VanDillen  
4710 Page Ave

(a) Residence. No. .... St. 26 Ward. .... (If nonresident give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred . yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

4. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Feb 6th 1830</b>		
7. AGE <b>88</b>	YEARS <b>8</b>	MONTHS <b>14</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Clerk St Louis Brass Co.</b> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Holland**

**10. NAME OF FATHER** **William VanDillen**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**  
 (STATE OR COUNTRY) **Holland**

**12. MAIDEN NAME OF MOTHER** **Not known**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
 (STATE OR COUNTRY) **Not known**

14. INFORMANT Joe Van Dillen  
 (Address) 4710 Page St

15. FILED 10-22-1918 M. V. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1918  
 17. I HEREBY CERTIFY That I attended deceased from Oct 16, 1918, to Oct 20, 1918 that I last saw h. live alive on Oct 19th, 1918, and that death occurred, on the date stated above, at 10:15 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Apoplexy  
Sclerosis  
 (duration) .... yrs. .... mos. 5 ds.  
 CONTRIBUTORY (SECONDARY) Sclerosis  
 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. 4210 Page  
 DID AN OPERATION PRECEDE DEATH. no DATE OF .....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) J. H. Engelman, M. D.  
10-21, 1918 (Address) 5043 Vernon

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE OF BURIAL Oct 20 1918

20. UNDERTAKER Chas. Leidner & Co ADDRESS 1017  
J. H. Engelman

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

P. S. NO. 7.

