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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No. 14920

Township..... Primary Registration District No. ..... Registered No. 3826

City..... (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Vredenburgh, Clarence, Walter

(a) Residence. No. 3825 Mc Ree St., 17 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 8th 1871

7. AGE: Years 56 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Krekeler Grocer Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Orleans La

PARENTS

10. NAME OF FATHER: Unknown Vredenburgh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Sadie Vredenburgh 3825 A. McRee Ave

15. FILED APR -6 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 5th 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-29, 1928, to 4-5, 1928 that I last saw him alive on 4-5, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septacemia
Cellulitis of Neck and Arm —
Erysipelas non Traumatic
scratch from Pin on hand (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Peritonitis, Edema of Lungs due to Streptococcic organism (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF 4/1/28
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy —

(Signed) A. G. Heidemann, M. D
4/6, 1928 (Address) Barnes Hosp

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: April 7th 1928

20. UNDERTAKER: Wm J Robert Lou Co
ADDRESS: 1905 S Grand Blvd.

WRITE PLAINLY, PERMANENT

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.