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

Do not use this space.

8731

1. PLACE OF DEATH

County ..... Registration District No. 58

Township ..... Primary Registration District No. 80

City St. Louis, (No. Home for the Aged. St. 16 Ward)

File No. .....

Registered No. 2404

2. FULL NAME James Vandamant

(a) Residence. No. 3400 So. Grand Blvd St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know. 1855.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	74			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Alva Vandamant.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know.

12. MAIDEN NAME OF MOTHER Rebeca Ledford.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Sister Michael
(Address) 3400 So. Grand Blvd.

15. FILED [illegible] 19 [illegible] Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2/21

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 21, 1929, that I last saw him alive on Feb 20, 19..., and that death occurred, on the date stated above, at 3:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 3:50 A.M.

92A
77 Mitral Insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arthur Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90A

IF NOT AT PLACE OF DEATH? 8

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T W Bevick, M. D

Feb 21, 1929 (Address) 3165 S. Grand

*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: SS. Peter & Paul Cemetery

DATE OF BURIAL: Feb. 22 1929

20. UNDERTAKER: J. H. Gebken L. & N. Co.

ADDRESS: 2842 Meramec

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.