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.

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

7474

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. 1803

Township ..... Primary Registration District No. 1803 Registered No. .....

City St. Louis (No. 507 Gano Ave. St. ..... Ward)

2. FULL NAME William Vance

(a) Residence. No. 507 Gano Ave. St., 9 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: 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 Mary K. Vance (Rausch)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1855

7. AGE: Years 75 Months 9 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Crossing Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 12th
(c) Name of employer Terminal R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Joseph Vance
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Mary K. Vance
(Address) 507 Gano Ave.

15. FILED ..... 19 Max C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1931 to Febr 9th 1931 that I last saw him alive on Febr 9th 1931, and that death occurred, on the date stated above, at 11:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the Stomach (Gastric Carcinoma)
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Senile Debility and Arterio Sclerosis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) George Henry Kuper, M. D.
Febr 10th, 1931 (Address) 5222 N. 20th

*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: Friedens
DATE OF BURIAL: Feb. 14 1931

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 2161 E. Fair Ave.