

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

Do not use this space.

13875

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Concordia Primary Registration District No. 4448
 City (No. Jeff. Co. Mo.) St. _____ Ward _____

2. FULL NAME Unidentified white male (J. Vandamme)
 (a) Residence, No. 700 S. 30th St. St. Louis, Mo. St. _____ 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.

File No. _____
 Registered No. 140 Ward _____

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) Nov 1898

7. AGE YEARS 36 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. Day Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 231

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER 13. NAME Not Known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
 15. MAIDEN NAME Not Known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

FATHER 17. INFORMANT Dora Vandamme
 (ADDRESS) 700 S. 30th St. St. Louis, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE Apr 27 19____
 19. UNDERTAKER Openall, Kuehler
 (ADDRESS) 7844 Michigan
 20. FILED 4-24-32 C. C. Brown, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1932

2. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Drowning in Mississippi River
Don't know whether accidental or suicide.
 Other contributory causes of importance:
183 L830

Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury not known, 19____
 Where did injury occur? not known
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public place
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? not known
 If so, specify _____
 (Signed) J. L. Spence, M. D.
 (Address) St. Louis, Mo.

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.

4-27-32

4-24-1932

