

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

Do not use this space.

21172

File No. \_\_\_\_\_  
Registered No. 57243  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1043  
City St. Louis Mo. (No. 3888), Hartford

**2. FULL NAME** Dr. Cornelius C. Vanderbeck

(a) Residence, No. 3888 Hartford St. 16 Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Josephine Vandebek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26, 1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Physician</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Office</u>
	10. Date deceased last worked at this occupation (month and year) <u>May 1932</u> Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) Allentown  
(STATE OR COUNTRY) New Jersey

13. NAME John Vanderbeck

14. BIRTHPLACE (CITY OR TOWN) New Jersey  
(STATE OR COUNTRY)

15. MAIDEN NAME Harriet Inlay

16. BIRTHPLACE (CITY OR TOWN) New Jersey  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Josephine Vandubek  
3888 Hartford

18. BURIAL, CREMATION OR REINTERMENT X  
PLACE Valhalla DATE 6-17- 1932

19. UNDERTAKEN (ADDRESS) Allen W. Laughlin  
1631 Missouri

20. FILED Jun 17 1932  
Ray C. Standley  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to June 15, 1932  
I last saw him alive on June 6, 1932 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

myocarditis chronic  
neutral regurgitation  
131  
92A  
92B  
Other contributory causes of importance:  
chronic interstitial nephritis  
Date of onset 131

9 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? 3888 Hartford 1932  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) Philip Schrick, M. D.  
(Address) 1703 S Grand

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.

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