APPROVED BY:

Luke B. Tiernon, M.D.,
Coroner, St. Louis County, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 27766

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 274

City Jefferson Barracks, (No. Veterans Administration Facility St. Ward)

2. FULL NAME Herbert De Nure

(a) Residence, No. Veterans Administration Facility, Ward. Jefferson Barracks, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 28 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Herbert De Nure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman (Guard)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vet. Adm. Facility

10. Date deceased last worked at this occupation (month and year) July 25, 1934

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vancouver, Washington

FATHER

13. NAME John P. DeNure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

MOTHER

15. MAIDEN NAME Clarissa (Unavailable)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT (ADDRESS) Dr. Arthur Lederer, Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Luth DATE 7-30- 1934

19. UNDERTAKER (ADDRESS) C. Hoffmeister U-2 Co. 7814 So Broadway

20. FILED 7-28 1934 B. F. Yate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from -- , 19..., to -- , 19...

I last saw h-- alive on -- , 19... Death is said to have occurred on the date stated above, at approximately 5:00 p.m.

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

	Date of onset
Coronary Sclerosis 93C 94B	Unav.
Other contributory causes of importance: Chronic Myocarditis	Unav.

Name of operation None Date of -

What test confirmed diagnosis? Autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (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) W. C. GIBSON, M.D., M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

AUG 17 1934