

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.

FEB 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo**

(No. **4620 Virginia**)

St. **3426**

Ward **730**

2. FULL NAME **James Edw. Vanderheid**

(a) Residence, No. **4620 Virginia** St., **15** 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 **W**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **S**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 10 - 1935**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min. **9**

OCCUPATION

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

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

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) **St. Louis Mo**

FATHER

13. NAME **Lee Vanderheid**

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

15. MAIDEN NAME **Theresa Popolski**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT **Lee Vanderheid**

(ADDRESS) **4620 Virginia**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Regis Paul** DATE **Jan 21** 1935

19. UNDERTAKER **John L. Ziegenhain Bros**

(ADDRESS) **7027 Maryland**

20. FILED **20** 1935

Je G. Bredsch

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 20** 1935

22. I HEREBY CERTIFY, That I attended deceased from **Jan 18** 1935, to **Jan 19** 1935.

I last saw him alive on **Jan 19** 1935. Death is said to have occurred on the date stated above, at **11** m.

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

Lobar Pneumonia

Other contributory causes of importance:

bronchitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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..... 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) **Walter Meyer**, M. D.

(Address) **4620 Virginia**

