

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

Do not use this space.

JUN 12 1935

791
1003

18039

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City ST. LOUIS (No. City Ward 2) St. Ward)

2. FULL NAME Alexander Vandiver

(a) Residence, No. 1015 1/2 2nd St. St. Louis 21 Ward. (If nonresident, give city or town and State)
 (Usual place of abode) 2207 Chestnut
 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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Vandiver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1879
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.
55 8 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/35
 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 8:29 p.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
 Date of onset 108
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) M. D.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London md
 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
 17. INFORMANT George Vandiver
 (ADDRESS) 2297 Chestnut
 18. BURIAL, CREMATION; OR REMOVAL PLACE Lutherickson DATE May 17 1935
 19. UNDERTAKER Mullins & Wailer
 (ADDRESS) 305 1/2 Thomas
 20. FILED MAY 15 1935 19 J. B. Bredeck Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

