

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.

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

96 County St. Louis

Township Clayton

7 City Clayton

Registration District No.

790

Primary Registration District No.

6033^a

(No. St. Louis Co. Hosp. 1)

File No.

3042

Registered No.

46

St. Ward)

2. FULL NAME John Henry Van Wie

(a) Residence, No.

9900 Olive Rd.

St.

Ward.

1 Olivette Village

(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

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

July 7, 1858

7. AGE

YEARS

78

MONTHS

6

DAYS

20

IF LESS than 1

day, hrs.

or min.

OCCUPATION

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

Old Age Pension

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

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

12. BIRTHPLACE (CITY OR TOWN)

Michigan

(STATE OR COUNTRY)

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

17. INFORMANT

Roy Jennings

(ADDRESS)

Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fee Fee Cem.

DATE

2-5-37

19

19. UNDERTAKER

Baumann Bros. Inc.

(ADDRESS)

2504 Woodson Overland, Mo.

20. FILED

2/2 37 Dr. J. S. Sigmund

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

JAN 31 - 1937

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 1:00 P.M.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation

none

Date of

What test confirmed diagnosis?

autopsy Was there an autopsy? eyes

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).....

J. P. O'Connell M. D.

(Address).....

Coroner St. Louis Co.

SECRET
10/21/54

CONFIDENTIAL

SECRET