

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.

## 1. PLACE OF DEATH

County St. Louis.Township JeffersonCity Richmond Heights. (No. 1170)Registration District No. 1170Primary Registration District No. 6248-H.St. St Marys Hospital. /File No. 24948Registered No. 132

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Leroy Vandyke.(a) Residence, No. 415 Thrift Ave. St. \_\_\_\_\_ 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 <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1936.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>0.</u>	<u>11.</u>	<u>10.</u>		

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

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.13. NAME Luther Vandyke.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.15. MAIDEN NAME Ethel Wood.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Luther Vandyke.  
(ADDRESS) 415 Thrift Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem. DATE June 21, 193719. UNDERTAKER Math Hermann & Son.  
(ADDRESS) 2161 East Fair Ave.20. FILED June 21, 1937. Sam A. Bassett  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1937.22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to June 19, 1937I last saw him alive on June 19, 1937 Death is said to have occurred on the date stated above, at 7.00 P.M.

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

collapse of both lungs  
Circulatory failure

Date of onset

Other contributory causes of importance:

intussusception, small intestine

Name of operation ileostomy Date of May 5, 37What test confirmed diagnosis? autopsy Was there an autopsy? yes23. 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? no

If so, specify \_\_\_\_\_

(Signed) C. J. Sullivan, M. D.(Address) St. Marys Hospital

C. J. Sullivan, M. D.

