

REC'D APR 12 1936

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

8332

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791  
(b) Township St. Louis Mo Primary Registration District No. 1003 Registered No. 2097  
(c) City St. Louis Mo (d) Street No. 4913 Devonshire Ave St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

534 Henry Vandeloecht  
(a) Residence, No. 4913 649 Polo Drive St. NR Clayton Mo  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Vandeloecht</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 - 1870</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>-</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Grocer</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Theo. Vandeloecht</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Clara Vandeloecht</u> (ADDRESS) <u>649 W. Polo Drive</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem</u> DATE <u>3/6/39</u> , 19...		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Edith E. Ambruster</u> <u>4834 Manchester</u>		
20. FILED <u>MAR 4 1939</u> <u>J. E. Brubaker</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/39, 19...

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1939 to Feb 2 1939  
I last saw him alive on Dec 20 1938 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:  
Inter cerebral Date of onset

Other contributory causes of importance:  
Apoplexy

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 M. E. Shetter M.D.  
(Signed) M. E. Shetter M.D.  
(Address) 4309 W. Meador

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Flora Eymck*

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**