S. No. 2
-11-10-39
5-17-39
-1 X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37302

Registration District No. 791 — Primary Registration District No. — Registrar's No. 9575

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 18
(If outside city or town limits write "RURAL")
(d) Street No. 3422 Caroline Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dallas Vance

8. (b) If veteran, name war none

3. (c) Social Security No. 489-07-1200

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 20 (Month) 1919 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
21	9	-	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer 0

11. Industry or business Swift Packing Co. 0

MOTHER FATHER
12. Name Forrest Vance
13. Birthplace Lebanon Missouri (City, town, or county) (State or foreign country)
14. Maiden name Della Stachhouse
15. Birthplace Chamois (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wm. Bentley
(b) Address 4920 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Thos J Duncan
(b) Address 1519 South Grand Blvd.

19. (a) NOV 22 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1940 hour 11 1/15 minute p.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Cervical Vertebrae with injury to Cord
Due to
Due to
Other conditions Pregnancy within 3 months of death: Abort 2:45 AM Nov. 17 1940

Major findings:
Of operations 210 m
Of autopsy 28

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 17 1940
(c) Where did injury occur? East Alton Ill (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Auto

23. Signature Joseph M. Freeman (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3880

P. O. Address.....

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

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