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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 12681

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3111

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4140 Enright Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lillian A. Vanderburg
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----
4. Sex Female 5. Color or race Negro 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 March 5th. (Month) 1885 (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 0 | 29 | hr. min. |

9. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Teacher
11. Industry or business
MOTHER FATHER
12. Name Rector Vanderburg
13. Birthplace St. Clair Co. (City, town, or county) Illinois (State or foreign country)
14. Maiden name Calladonia Valentine
15. Birthplace Unavailable (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Ambia V. Moore
(b) Address 1611 Central Ave. Los A. Cal.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas. Gates
(b) Address 4107 Finney Ave.
19. (a) APR - 9 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th. year 1941 hour 5:30 minute p.M.
21. I hereby certify that I attended the deceased from April 3, 1941 to April 4, 1941 that I last saw her alive on April 4th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Cerebral) — Duration
Due to Arterio-sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Andrew J. Johnson (M. D. or other)
Address 4105a Finney Avenue Date signed 4/8/41

(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

James A. Johnson ; Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

**If this body is not embalmed, fact should be so stated above.**