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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36194

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2037

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Hi. 141-1 mile S. of Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁵⁶

(c) City or town Valley Park ¹¹
(If outside city or town limits, write "RURAL")

(d) Street No. 707 Benton St. ⁰
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert Van Dover (Vandover)

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-16-8778

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1941 hour 7:30 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.

4. Sex Male ⁰ race white

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 Aug 21 - 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	1	13	hr. _____ min.

Immediate cause of death. While riding as a passenger in an auto that was wrecked on a public highway.

Due to Compound fracture of the skull.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Yes

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Valley Park Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant surveyor

11. Industry or business _____

MOTHER FATHER { 12. Name James Kenneth VanDover Sr.

{ 13. Birthplace Saint Louis County Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ruth Longnecker

{ 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant James Kenneth VanDover Jr.

(b) Address 707 Benton St. Valley Park, Mo.

17. (a) Burial (b) Date thereof 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manchester, Mo.

18. (a) Signature of funeral director James H. Bopp

(b) Address 1311 W. Orange St. Kirkwood, Mo.

19. (a) OCT 6 - 1941 (b) J. McDevon
(Date received local registry) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 4, 1941

(c) Where did injury occur? St. Louis County
(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) (e) Means of injury 3

While at work? _____

23. Signature Louis H. Bopp (M. D. or other) _____

Address Kirkwood, Mo. 10/6/41 Date signed _____

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

John M. Meyer

Licensed Embalmer No. *3788*

P. O. Address *Kirkwood, Ind*

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, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 36194

Registration District No. 784

Primary Registration District No. 210

Registrar's No. 2037

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis, 1.1 mile S. of Maudslayi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Vandener

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Aug. 21, 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months 1 Days 17 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1941 hour _____ minute _____ M.

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

Immediate cause of death riding as passenger on automobile
Compound fracture of skull

Due to _____
Due to Public highway automobile

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1700
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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

The following information was obtained from a review of the files of the [redacted] and [redacted] on [redacted] and [redacted]. The information is being provided to you for your information only and is not to be disseminated outside your agency.

On [redacted] [redacted] advised that [redacted] had been contacted by [redacted] who had offered [redacted] a position of [redacted] at [redacted]. [redacted] advised that [redacted] had accepted the offer and had been assigned to [redacted] on [redacted].

It is noted that [redacted] is currently employed as a [redacted] at [redacted] and has been in that position since [redacted]. [redacted] has a [redacted] degree in [redacted] from [redacted] and has [redacted] years of experience in the field of [redacted].

[redacted] advised that [redacted] is a [redacted] and is currently [redacted] at [redacted]. [redacted] has been in the [redacted] position since [redacted] and has [redacted] years of experience in the field of [redacted].

The above information was obtained from a review of the files of the [redacted] and [redacted] on [redacted] and [redacted]. The information is being provided to you for your information only and is not to be disseminated outside your agency.