

HL627

V. S. No. 2
DM-9-4-41

Rev. 5-17-39

X29484

16756

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4586

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days
(Specify whether)

In this community.....
years, months or days

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. 2124 N. 11th St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Baby Vandaveer

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race W. 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 May 9 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Walter Vandaveer

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Eta Leshner

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Vandaveer

(b) Address 2124 N. 11th St

17. (a) Burial (b) Date thereof 5-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cambree, Ill

18. (a) Signature of funeral director J. F. Ledner U.C.O.

(b) Address 3333 St. Louis Ave

19. (a) MAY 27 1942 (b) J. F. Ledner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from May 9 1942 to May 27 1942
that I last saw him or alive on May 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy none

Duration

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 W. W. Scan (M. D. or other) M.D.

Address 1515 Lafayette Avenue Date signed 5/27/42

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

00
17
9

000
9617

0 (Yes or No)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

M.D.

5/27/42

849

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 P. Buchholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis*

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.