S. No. 2
M—9-4-41
v. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23205

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6529

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 HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 DAY (Specify whether years, months or days) In this community 28 DAY

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St Louis (If outside city or town limits, write "RURAL") 6 9
(d) Street No. 5617 Labadie (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME VANDERVORT, ALBERT
3. (b) If veteran, name war NONE
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife ANNA VANDERVORT
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased FEB. (Month) 23 (Day) 1876 (Year)

8. AGE: Years 66 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) 0 (State or foreign country)
10. Usual occupation WATER
11. Industry or business
FATHER 12. Name PETER VANDERVORT
FATHER 13. Birthplace ST. LOUIS (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name MARIE GONZALES
MOTHER 15. Birthplace MEXICO (City, town, or county) 3 (State or foreign country)
16. (a) Informant Florence Krivanek
(b) Address 5617 Labadi
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAIN CEM.
18. (a) Signature of funeral director Friedrich F. Stoma
(b) Address 8319 HALLS FERRY RD
19. (a) AUG 2 1942 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 9 minute 55 a. M.
21. I hereby certify that I attended the deceased from 7-28-42, 19..., to 7-31-42, 19..., that I last saw him alive on 7-31-42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of epithelium of tonsil — Duration 4 mo
Bilt metastasis in neck
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Carcinoma of tonsular epithelium

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 S. P. Martin (M. D. or other)
Address BARNES HOSPITAL Date signed 7/31/42

(Licensed Embalmer's Statement on Reverse Side)

884

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.