

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2322

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

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. 15 No. Evergreen Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward Vardeman

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1942 hour 3 minute :35 a.m.

4. Sex male 5. Color or race colored

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

6. (b) Name of husband or wife Delilah Vardeman

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Nov. 11 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-3-42
to 11-5-42
that I last saw him alive on 11-5-42
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

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

62 11 25 hr. min.

Due to Emaciation, anemia, malnutrition 18+ yrs

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

Due to Carcinoma of prostate with metastases 18+ yrs

10. Usual occupation none

Other conditions 18+ yrs.
(Include pregnancy within 3 months of death)

11. Industry or business

Major findings: 18+ yrs. **PHYSICIAN**

12. Name Ned Vardeman

Of operations 51

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

Of autopsy 51

14. Maiden name Lucy Carr

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

16. (a) Informant Delilah Vardeman

(b) Address 15 Evergreen Ave

17. (a) Burial (b) Date thereof 11-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address 15 Evergreen Ave

19. (a) NOV 6 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 A.B. Kurat, M.D. (M. D. or other)

Address St. Louis County, Mo. 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 Louis V. Atkins
Licensed Embalmer No. 2842
P. O. Address 3644 Finney

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.