

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

35852

FILED NOV 13 1943

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 2504

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
522 HOLLYWOOD PLACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 YRS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME CHARLES NATHAN VAN BUREN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOUISE K. VAN BUREN 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased SEPTEMBER-30-1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 | 1 | 8 | - hr. - min.

9. Birthplace STILLWATER NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation JOURNALIST

11. Industry or business TRADE JOURNAL

MOTHER FATHER

12. Name OLIN VAN BUREN

13. Birthplace STILLWATER NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA SMITH

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

16. (a) Informant Louise K. Van Buren

(b) Address 522 HOLLYWOOD PL. N. E.

17. (a) BURIAL (b) Date thereof NOV-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Parker and Co.

(b) Address WEBSTER GROVES, MO.

19. (a) NOV 10 1943 (b) E. J. Mc Lauran, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 522 HOLLYWOOD PLACE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 7th
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Oct 25th, 1940, to November 7th, 1943
that I last saw him alive on November 9th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage Duration 2 days

Due to Advanced Arteriosclerosis Char.

Due to Chr. Cardio Vascular and Renal Disease Chr.

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

Major findings:
Of operations
Of autopsy 131a

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 James T. [unclear] (M. D. or other) md
Address 7516 Sutter [unclear] Date signed 11/9/43

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

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 C. C. Aldrich
Licensed Embalmer No. 1388
P. O. Address Webster Groves

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.