V. S. No. 2
30M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#34797

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32917

FILED OCT 23 1944

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 8762

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 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST LOUIS 23
(If outside city or town limits, write "RURAL")

(d) Street No. 326 LAMI ST
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Laura B. Vandegrift

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife CLARENCE

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased APRIL (Month) 4 (Day) — 1871 (Year)

8. AGE: Years 73 ~~[illegible]~~ Months 6 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

FATHER
12. Name ALEXANDER POE
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELSIE TURNER
15. Birthplace GEORGIA (City, town, or county) (State or foreign country)

16. (a) Informant CLARENCE VANDEGRIFT
(b) Address 326 LAMI ST

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof OCT 17 44 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO KINGSHIGHWAY

19. (a) OCT 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th year 1944 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 10/11/44, 19..., to Oct. 14th, 1944 that I last saw her alive on Oct. 14th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction c̄ ileus and peritonitis (chronic)

Due to Ca of rectum and incarcerated diaphragmatic hernia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Chronic peritonitis and distended intestine

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frederick G. Stoney (M. D. or other)

Address 1515 Lafayette Date signed 10/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D McPherson

Licensed Embalmer No. 3024

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.