. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 38752

Registrar's No. 2327

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 11-7-44 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4916 Blow St.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME DE WARF, Vincent T.

3. (b) If veteran, name war WW-1

3. (c) Social Security 489-07-6834

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife Mrs. Eva J. DeWarf

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 18, 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	3	25	hr. min.

9. Birthplace Davenport, Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Printer

11. Industry or business -

FATHER
12. Name Richard DeWarf
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Bartholomew
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Vet. Adm. Records

(b) Address Jeff. Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-1944 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus.

18. (c) Signature of funeral director Ziegenhein Bros.

(b) Address 4 Gr Bravais Ave

19. (a) NOV 15 1944 (Date received local registrar) (b) E. G. McLaurin M.D. (Registrar's signature) cmp

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1944 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from November 7, 1944, to November 13, 1944; that I last saw him alive on November 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTROPHIC CIRRHOSIS OF THE LIVER — Duration Unk.

Due to

Due to

124 b1

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) No

(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? (Means of injury)

23. Signature W. A. GERMAN, M.D. (M.D. or other)
Chief Medical Officer

Address VAF-Jeff. Brks., Mo. Date signed 11-13-44

(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 Homer W. Fritz

Licensed Embalmer No. 3887

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.