V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 32462

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8958

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: ALEXIAN BROS. HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (specify whether

In this community 55 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 23

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2829 Indiana Ave (If rural, give location) 9

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANK VANDOME

3. (b) If veteran, name war No

3. (c) Social Security No. 488-05-3397

4. Sex MALE O

5. Color or race White

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

6. (b) Name of husband or wife REGINA SCHRODER

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased FEBRUARY 15-1890 (Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 29 If less than one day hr. min.

9. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation BEER BOTTLER — LABORER

11. Industry or business UNEMPLOYED

FATHER
12. Name PETER VANDOME
13. Birthplace HOLLAND 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EMELIE DE-VREIS
15. Birthplace BELGUM 4 (City, town, or county) (State or foreign country)

16. (a) Informant REGINA VANDOME

(b) Address 2829 INDIANA AVE

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

(c) Place: burial or cremation NEW St. MARCUS CEM.

18. (a) Signature of funeral director Henry L. Weidenmeller

(b) Address 6203 Gravois Ave

19. (a) OCT 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Oct 10, 1945, to Oct 14, 1945; that I last saw him alive on Oct 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	4 days
Due to: Mesenteric Thrombosis	4 days
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings: Of operations: Thrombis in mesenteric vessels

Of autopsy: gangrenous bowel

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? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]

Address 3318 S Grand Date signed 10-16-45

(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: John Ogonowski

Licensed Embalmer No. 3398

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.