

S. No. 2
DM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1937
FILED APR 18 1946
STANDARD CERTIFICATE OF DEATH
1003

State File No. **15276**
Registrar's No. **3202**

Registration District No. **318** Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(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 Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 Days**
(Specify whether _____)

3. (a) PRINT FULL NAME **Frank Vanderburgt**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male ()** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Clara**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 29 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 6 hr. min.

9. Birthplace **Holland 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Repair Bicycle's (Retired)**

MOTHER FATHER {
11. Industry or business _____
12. Name **Not known**
13. Birthplace **Holland 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Holland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Vanderburgt**
(b) Address **3217 Texas Ave.**
17. (a) **Burial** (b) Date thereof **4/8/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter & Paul Cemetery**
18. (a) Signature of funeral director **John H. Leber Band**
(b) Address **2630 Gravois Ave.**

19. (a) **APR 6 1946** **J. F. Bredeek**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **24/17**
(d) Street No. **2901 Texas Ave.**
(If rural, give location) **90**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th**
year **1946** hour **7.55** minute **A** M.

21. I hereby certify that I attended the deceased from **February 14**, 19**46**, to **April 5**, 19**46**
that I last saw him alive on **April 5**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pyogenic Hypostatic**
hepatitis
Hypernephroses of kidney **2 days**
Due to **metastasis of carcinoma to other organs**
Other conditions **52**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____
Of autopsy **as above**

Duration
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? _____

While at work _____ (Specify type of place)
(e) Means of injury **0** **md**
23. Signature **J. F. Bredeek** (M. D. or other)
Address **2767 Gravois Ave.** Date signed **4-5-46**

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..... *Robert J. Gelber*

Licensed Embalmer No. *4144*

P. O. Address *2630 Gravois Ave.*

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.