

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

17821

X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 6 1946

STANDARD CERTIFICATE OF DEATH

18993

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4923

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:
Josephine Heitkamp Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE
(Specify whether
In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME Junior Edward Varvel
3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

5. Color or
4. Sex M race W
6. (a) Single, widowed, married,
divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 30 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— — — 5 hr. 42 min.

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

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER {
12. Name CLIFFord Varvel
13. Birthplace Bunker, MO
(City, town, or county) (State or foreign country)
14. Maiden name Helen White
15. Birthplace Ellington MO
(City, town, or county) (State or foreign country)
16. (a) Informant CLIFFord Varvel
(b) Address 2745 Pestalozzi St.
17. (a) Burial (b) Date thereof 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) JUN 3 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2745 Pestalozzi
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30th
year 1946 hour 11:50 minute a M.
21. I hereby certify that I attended the deceased from May 30 1946 May 30 1946
that I last saw him alive on May 30 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Premature birth
8 months
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature E. M. Cidkins (M. D. or other) MD
Address 3012 Lafayette Date signed 6-1-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

(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.....

L. R. Casper

Licensed Embalmer No.....

3633

P. O. Address.....

2301 Lafayette

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.

DEPT. OF HEALTH
V. S. No. 2
100M-543
REV. 5-17-39