S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21468

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1342

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 5-18-46 (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town Mattoon
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 Lafayette Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VANNATTA, George H.
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 29 (Day) 1895 (Year)
8. AGE: Years 51 Months 0 Days 19 If less than one day hr. min.
9. Birthplace Janesville, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
MOTHER FATHER
12. Name Charles Vannatta
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Jennie Wallace
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk, Vet.Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mattoon, Illinois
18. (a) Signature of funeral director C.HOFFMEISTER U.& L.CO
(b) Address 7814 S. Broadway, St. Louis, Mo.
19. (a) 6-22-46 (Date received local registrar) (b) Ed McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1946 hour 6:35 minute P M.
21. I hereby certify that I attended the deceased from 5-18-46, 19 to 6-18-46, 19; that I last saw him alive on June 18, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRONCHIAL PNEUMONIA	UNK
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) INFECTED COMPOUND FRACTURE RIGHT TIBIA & FRACTURE SIMPLE OF FIBULA	

Major findings: Of operations Insertion Steinman Pin 5-29-46
Of autopsy Autopsy Performed
(See cause of death)

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) Accident
(b) Date of occurrence May 6, 1946
(c) Where did injury occur? Mattoon, Illinois (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (City Street) (Specify type of place)
While at work? (e) Means of injury Struck by Auto
Signature L. E. Stilwell L. E. STILWELL, M.D. (M. D. or other)
Address Vet.Adm.Hosp.Jeff.Brks., Mo. Date signed 6-19-46

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1946

FEB 24 1947

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 Harry J. Schamacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.