

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF THE CENSUS

FILED JUL 22 1946 STANDARD CERTIFICATE OF DEATH
State File No. **25820**Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **5933****1. PLACE OF DEATH:**

(a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bethesda General Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days.
 In this community 20 days
 years, months or days) Specify whether

3. (a) PRINT FULL NAME Caroline Fay Vance

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased June 13 1946
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 20 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Adoray Vance

13. Birthplace Bunker Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Ila Birley

15. Birthplace Leadwood Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Adoray Vance

(b) Address 2612 Geyer

17. (a) MoTor (b) Date thereof 7/5/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1 Roydale Mo

18. (a) Signature of funeral director J. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUL 5 1946 (b) J. F. Breeseck
 (Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2612 Geyer
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
 year 1946 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 14th
1946, to July 4th 1946.

that I last saw her alive on July 4 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

Exhaustion
Diarrhoea & New BOTN
PREMATURITY

Due to _____

Due to _____

Other conditions ONE OF TWINS
 (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)

(e) Means of injury _____

23. Signature George M. Mohr (M. D. or other) MD
 Address Bethesda General Hosp Date signed 7-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

21669

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..... *C. W. Cooper*

Licensed Embalmer No. *3830*

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.