

No. 2
5-43
17-39
X36871

FILED DEC 24 1946

Registration District No. 310

Primary Registration District No. 3054

Registrar's No. 189

1. PLACE OF DEATH: 35

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME John J. Vinckier

3. (b) If veteran, name was World War #2

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased January 21 1928
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>10</u>	<u>23</u>hr.min.

9. Birthplace Dodson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Prvt. U. S. Air Corp

11. Industry or business

12. Name John Vinckier

13. Birthplace Unknown Belgium
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Owens

15. Birthplace Springfield Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Marler

(b) Address 4011 N. 20th St. St. Louis

17. (a) Burial (b) Date thereof Dec. 18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) 12-18-46 (b) Dennis Hamel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 4011 N. 20th St.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from XXXXXXX XXXX Held inquest 12/14 1946, to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death

ruptured liver
automobile accident
car overturned

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... yes

Duration

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 130

(b) Date of occurrence Dec. 14, 1946

(c) Where did injury occur? Hwy. 40 - St. Chas. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - Hwy. 40

While at work? no (Specify type of place)

(e) Means of injury auto accident

23. Signature Miner Mackay (Seal of Doctor)

Address St. Louis Date signed 12-14-46

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

MOTHER FATHER

Date Filed 12-23-46

District File Number _____

District Health Officer No. 9

RECEIVED

JAN 20 1947

FEB 19 1947

1947

AUG 5

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

Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St. Louis

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.