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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15745
Registrar's No. 2304

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Anthony Hospital
(d) Length of stay: In hospital or institution 1 week
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3014 Winnebago
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Dorothy Vandeventer
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Feb. 14 1918

8. AGE: Years 29 Months 1 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo.
10. Usual occupation at home

11. Industry or business
12. Name John Kemper
13. Birthplace St. Louis Mo.
14. Maiden name Katherine Bickel
15. Birthplace St. Louis Mo.

16. (a) Informant Walter Vandeventer
(b) Address 3014 Winnebago
17. (a) Burial (b) Date thereof 4-11-47
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.
19. (a) APR 10 1947 (b) J. F. Brodack (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8 year 1947 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 6, 1947 to April 8, 1947 that I last saw her alive on April 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction
Due to: volvulus of ileum
Other conditions: Anesthesia
Major findings: Pt. of death April 23 1947
Of autopsy: Intestinal Obstruction

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: S. A. [Signature] (M. D. or other)
Address: 3666 Gravois Date signed 4-9-47

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

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 Frank J. Owen

Licensed Embalmer No. 2245

P. O. Address Portsmouth

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.