No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3592

FILED JAN 21 1948

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 127

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Beverly Hills
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3515 West Place
(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: 27 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Beverly Hills
(If outside city or town limits, write "RURAL")
(d) Street No.: 3515 West Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Anthony VanBergen
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Faye Marie VanBergen
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 9th (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	9	6	..... hr. ..... min.

9. Birthplace: Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Owner St. Louis Armature Co.
11. Industry or business: Armature Manufacturing.
FATHER
12. Name: Anthony VanBergen
13. Birthplace: 351 Netherlandse (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Johanna Tavenier
15. Birthplace: Chicago (City, town, or country) Illinois (State or foreign country)
16. (a) Informant: Mrs. Fay Marie VanBergen
(b) Address: 3515 West Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd
19. (a) 1-17-48 (Date received local registrar) (b) Earl C. Stahl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1948 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 5, 1948 to Jan 9, 1948
that I last saw him alive on Jan 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Coritis	7 days
Due to: Arteriosclerosis	
Due to: 97	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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

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? (Specify type of place)
While at work: (Specify yes or no) Means of injury: 0
23. Signature: Bruce Downey (M. D. or other)
Address: 1981 Pharo Date signed Jan 15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Wm. [illegible]
Metropolitan Bldg
7-8-18

JAN 30 1949

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.