S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10779
Registrar's No. 2819

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town 7330 Virginia Ave. (If outside city or town limits, write "RURAL") 19

(d) Street No. St. Louis (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Van Damme

3. (b) If veteran, name war

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 George VanDamme

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September 8, 1891 (Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business at home

FATHER
12. Name DeVos
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name UNK
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant George VanDamme
(b) Address 7330 Virginia

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAULS CHURCH YARD

18. (a) Signature of funeral director FENDLER UND Co.
(b) Address 7420 MICHIGAN

19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1948 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from 3.1.48, 19, to 3.21, 1948; that I last saw her alive on 3.21-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Dilation heart

Due to chronic myocarditis

Due to

Other conditions Ca of L. ovary c Metastasis to entire abd. organs (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 3 hr; several yrs

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? (e) Means of injury

23. Signature E. D. Creelius (M. D. or ~~other~~)

Address 752 Lemay Ferry Rd Date signed 3/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....V E Morris.....

Licensed Embalmer No. 3360

P. O. Address.....

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.