

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28460  
Registrar's No. 7610

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>7610</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ada</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		<b>17</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>5 - 5861 Nina Place</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Vandella</b>			b. (Middle) <b>F</b>	c. (Last) <b>Reahr</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 30, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 3, 1876</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Anton Holzeman</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Galli</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased (Charles)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. A. H. Kerner, St. Louis, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bile Ducts</b> →  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>6 minutes</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>44th St. H St. Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>155X</b>	
22. I hereby certify that I attended the deceased from <b>July 27, 1949</b> , to <b>Aug 30, 1949</b> , that I last saw the deceased alive on <b>Aug 29, 1949</b> , and that death occurred at <b>4:45 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. O. Brown M.D.</b>			23b. ADDRESS <b>1325 S. Grand St. Louis</b>		23c. DATE SIGNED <b>8/31/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 1, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery St. Louis, Mo.</b>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>SEP 1 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lusater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Boop, Inc., Kirkwood, Mo.</b>	

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

0792

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22

**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.