No. 300
10-48
96
0
0

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

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28943

BIRTH NO. _____ REG. DIST. NO. 1917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1847

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 009
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 176 9
d. STREET ADDRESS (If rural, give location): 1624 Hickory St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle):
c. (Last): Vancil

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1949

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Agu 3, 1913
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 11, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis Benz
13b. MOTHER'S MAIDEN NAME: Rosalia Burkemper
14. NAME OF HUSBAND OR WIFE: Orville Vancil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-78-6882
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Orville Vancil, 1624 Hickory St.

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic Ileus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart failure
DUE TO (c) Hepatitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

171X

19a. DATE OF OPERATION: 7-18-49
19b. MAJOR FINDINGS OF OPERATION: Precancerous cirrhosis Hepatitis
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17, 1949, *to* 7-28, 1949, *that I last saw the deceased alive on* 7-28, 1949, *and that death occurred at* 6:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. N. Stewart
(Degree or title): D.O.
23b. ADDRESS: 7283 Natural Bridge St. Louis Mo.
23c. DATE SIGNED: 7-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug 1, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mount Olive Cem.
24d. LOCATION (City, town, or county) (State): Lemay 23, Mo.

DATE REC'D BY LOCAL REG.: 7-30-49
REGISTRAR'S SIGNATURE: Herbert C. Hamby, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fendler Undtk. Co., 7420 Michigan Ac.

(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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

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.