

FILED JUN 29 1950

#108119

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22091

State File No. ....

5333

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.			c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2279		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 322 Plum 0		
3. NAME OF DECEASED (Type or Print)		a. (First) HARRY		b. (Middle) Vandeventer	
4. DATE OF DEATH (Month) (Day) (Year)		June 16th, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 9, 1885	9. AGE (in years last birthday) 64	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Julius Vandeventer		13b. MOTHER'S MAIDEN NAME Mary Reickenbach		14. NAME OF HUSBAND OR WIFE Lillie Vandeventer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lilly Vandeventer	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus			INTERVAL BETWEEN ONSET AND DEATH 1 yr
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150X	
22. I hereby certify that I attended the deceased from 6/7/50, 19___, to 6/16/50, 19___, that I last saw the deceased alive on 6/16/50, 19___, and that death occurred at 2:50am, from the causes and on the date stated above.					
23a. SIGNATURE H. B. Livingston M.D.			23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 6/16/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/19/50		24c. NAME OF CEMETERY OR CREMATORY Old St Marcus Cemetery	
24d. LOCATION (City, town, or county) (State) St Louis, Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 19 1950 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS OF THIS FORM. USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Frank J. Owens*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2245

P. O. Address *St. Louis*

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

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