

**STANDARD CERTIFICATE OF DEATH**

11268

State File No. ....

5. No. 900  
v. 10-48

**FILED MAR 22 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY OR TOWN <u>Pine Lawn</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>4119 Dressell</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>	b. (Middle) _____	c. (Last) <u>Vredenburg</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 23 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 15 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	11. BIRTHPLACE (State or foreign country) <u>New York N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>Abraham Vredenburg</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Melville</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Vredenburg</u>	ADDRESS <u>4119 Dressell</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>  <u>inclusion</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema pulmonary</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4x01</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 22 1952 to Feb 3 1952, that I last saw the deceased alive on Jan 28 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Sullivan M.D.</u> (Degree or title)	23b. ADDRESS <u>8-23 Clayton Rd (17)</u>	23c. DATE SIGNED <u>2/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
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DATE REC'D BY LOCAL REG. <u>2-4-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Funeral Dir.</u>	ADDRESS <u>2849 N. Euclid</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 .....  
Student Embalmer

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

Signed *Gustavo W. Sutil*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

**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.