

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39320**
Registrar's No. **8898**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN BELLEFONTAINE NEIGHBORHOOD d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 1213 KIMBALL Ct	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Old Faith Hospital			

3. NAME OF DECEASED (Type or Print) Lily VANDERVOORT			4. DATE OF DEATH (Month) (Day) (Year) 9-30-54				
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-8-1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 HRs. Hours	IF UNDER 15 Mins. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady		10b. KIND OF BUSINESS OR INDUSTRY Dept Store		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John VANDERVOORT		13b. MOTHER'S MAIDEN NAME ANNA TRIAY		14. NAME OF HUSBAND OR WIFE None	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.C. Bessie 1213 Kimball Ct	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LOBAR PNEUMONIA		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC DECOMPENSATION			
*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 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) 490X	
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 **Sept 28, 1954**, to **SEPT 30, 1954**, that I last saw the deceased alive on **SEPT 29, 1954**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence A. Linton M.D.		23b. ADDRESS 2801 N. Taylor		23c. DATE SIGNED 9-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-54		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
		24d. LOCATION (City, town, or county) (State) ST LOUIS Mo			

DATE REC'D BY LOCAL REG. OCT 1 1954		REGISTRAR'S SIGNATURE J. Carly Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Knouf & Co 2707 N Grand	
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WRITE PLAINLY—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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

J. Allen Davis

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.