

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39321

BIRTH NO. 1399A-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9354

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glasgow Village 4709		d. STREET ADDRESS (If rural, give location) 10617 Spring Garden Drive
3. NAME OF DECEASED (Type or Print) a. (First) Joan b. (Middle) L c. (Last) VanDeven			4. DATE OF DEATH (Month) (Day) (Year) Oct 14 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 16 1954	9. AGE (In years last birthday) 7	10. UNDER 1 YEAR Months 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Nil	11. BIRTHPLACE (State or foreign country) St Louis Missouri.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Louis F. VanDeven		13b. MOTHER'S MAIDEN NAME Marie Budarek		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis F. VanDeven 10617 Spring Garden			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea, dehydration, + Acidosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Enteritis of Ileum. DUE TO (c) Hypochromic Anemia, Severe. Congestive heart failure. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days " " ? Not known.
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5710			
22. I hereby certify that I attended the deceased from Oct. 12, 1954, to Oct. 14, 1954, that I last saw the deceased alive on Oct. 13, 1954, and that death occurred at 4:30 a. m., from the causes and on the date stated above.					
23a. SIGNATURE Norman G. James M.D.			23b. ADDRESS 990.3 Diamond Dr., St. Louis 15		23c. DATE SIGNED Oct. 15, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/18/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Ercks Missouri		
DATE REC'D BY LOCAL REG. OCT 15 1954	REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moynell Funeral Home 1926 Allen Av		

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed

*Reinhold K. Lehman*

Licensed Embalmer No. 3395

P. O. Address St. Louis 77

**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.