

BIRTH NO. _____ REG. DIST. NO. 810 PRIMARY REG. DIST. NO. 3088 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo	
b. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES		b. COUNTY ST. CHARLES	
c. LENGTH OF STAY (in this place) 8 YRS		c. CITY OR TOWN ST. CHARLES	
d. FULL NAME OF HOSPITAL OR INSTITUTION FOOT OF ADAMS STR		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS FOOT OF ADAMS STR.		09230	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) BERT	b. (Middle) VAN VORST	(Month) DEC.	(Day) 19 (Year) 1954

5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEPERATED	8. DATE OF BIRTH DEC. 25, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISPATCHER IN SANDY	10b. KIND OF BUSINESS OR INDUSTRY SAND YARD	11. BIRTHPLACE (City and State or Foreign Country) WISCONSIN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MAUDE E. VAN VORST
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. 490-09-9627	17. INFORMANT'S SIGNATURE OR NAME Maude E. Van Vorst	ADDRESS ST. CHARLES MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunshot wound self-inflicted		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		E 976 X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) St. Charles, (COUNTY) St. Charles, (STATE) Mo.
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21d. TIME OF INJURY (Month) Dec. (Day) 19 (Year) 1954 (Hour) 2:30 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? self-inflicted gunshot wound
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22. I hereby certify that I attended the deceased from **Dec. 20, 1954**, to **1954**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Marion Mendonay Crowe	(Degree or title)	23b. ADDRESS Winterville Mo 6499-54	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) ST. CHARLES MO
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DATE REC'D BY LOCAL REG. Dec 21 1954	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE E. L. Penister	ADDRESS St. Charles Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *John S. Demme*.....
Licensed Embalmer No. *419*.....
P. O. Address *St. Louis*.....

**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.**