

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

34689

State File No. 8894
Registrar's No. 8894

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 8894		Registrar's No. 8894	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2351 Klemm Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>17 2351 Klemm Ave.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alphonse</u>		b. (Middle) <u>Edmond</u>		c. (Last) <u>De Vos</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 17, 1885</u>		9. AGE (In years last birthday) <u>69</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WKS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Schwartz Home Furn.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Belgium</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Alphonse De Vos</u>			13b. MOTHER'S MAIDEN NAME <u>Maria Van Hoorebeke</u>			14. NAME OF HUSBAND OR WIFE <u>Christino De Vos</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>488-01-9296</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene H. Lantsocht</u> ADDRESS <u>2351 Klemm Ave.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac disease</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular 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>Anemia & inanition</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>normal</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>normal</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		422.1			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <u>May 24, 1955</u> , to <u>Oct 11, 1955</u> , that I last saw the deceased alive on <u>Oct 11, 1955</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. Clethero M.D.</u>				(Degree or title) _____		23b. ADDRESS <u>906 Carleton Bldg St Louis Mo</u>		23c. DATE SIGNED <u>Oct 12 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>Oct. 12, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) <u>ST. Louis, Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG <u>OCT 13 1955</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>With Mrs. L. H. G. 2929 S. Jefferson</u> ADDRESS _____				

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 *D. M. Davis*.....

Licensed Embalmer No. *374*.....

P. O. Address *2929 So. Jeff*.....

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.