No. 300
10.48

FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2332
Registrar's No. 1512

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St Louis Mo
c. LENGTH OF STAY (in this place): 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY
c. CITY OR TOWN: Carbondale
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rural Route #2 Hwy.#13 812 8

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): VANR.DER,JR
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 2-12-56

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan.27,1922
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Mail
11. BIRTHPLACE (City and State or Foreign Country): Davenport, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Van Rider,Sr.
13b. MOTHER'S MAIDEN NAME: Florence Becker
14. NAME OF HUSBAND OR WIFE: Pearl (Peggy Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.#2
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME: Mrs.Pearl (Peggy) Rider — ADDRESS: above address

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute monocytic leukemia c bronchopneumonia
(Acute monocytic leukemia with bronchopneumonia

ANTECEDENT CAUSES
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
204.2
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19, 1956, *to* 2-12, 1956, *that I last saw the deceased alive on* 2-12, 1956, *and that death occurred at* 12 10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: FR Malley (Degree or title): M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 2-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 2-13-56
24c. NAME OF CEMETERY OR CREMATORY: Caladonia
24d. LOCATION (City, town, or county) (State): Sparta, Ill.

DATE REC'D BY LOCAL REG.: FEB 14 1956
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Walker, Sparta, Ill.

(Licensed Embalmer's Statement on Reverse Side)

Mr. J.B.

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4 3 6

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.