

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1957

STATE FILE NUMBER 57-02307-3
1421

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1421

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. County Hosp		d. STREET ADDRESS 4009a N. 23rd St	
3. NAME OF DECEASED (Type or print) Richard (Dick) Vanderwerff		4. DATE OF DEATH Month 6 Day 1 Year 57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 12 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		11. BIRTHPLACE (City and state or country) Holland	
13. FATHER'S NAME William Vanderwerff		14. MOTHER'S MAIDEN NAME Johanna Bakker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-07-9340	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Edema		17. INFORMANT Richard Vanderwerff, Jr., Address 1140 Bernadette Lane, Florissant, Mo.	
DUE TO (b) Pulmonary Edema acute		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (c) Acute Toxic Bronchitis		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(n). Fx. Trimalleolar left ankle. Fx left humerus - Fx Multiple ribs		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car he was driving - skidded on pavement - crossed		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. May 25 '57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		
20e. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Co. Mo.	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Co. Mo.		
21. I attended the deceased from 5-25-57 to 6-1-57 and last saw her/him alive on 6-1-57		22. ADDRESS 601 So. Brentwood	
22a. SIGNATURE (Degree or title) R. King M.D.		22c. DATE SIGNED 6-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 5, 1957	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2101 E. Fair Ave., St. Louis		25. DATE RECD. BY LOCAL REG. 6-4-57	26. REGISTRAR'S SIGNATURE Herbert R. Romber

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS NOV 6 1959

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.....
Licensed Embalmer No.
P. O. Address.....

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