

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007929

FILED MAR 10 1958

318

1003

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2284**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			a. STATE Mo. b. COUNTY St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Missouri Baptist Hosp.			d. STREET ADDRESS (If outside, give location) 27 2536 Oepts Ave.		
3. NAME OF DECEASED (Type or print) First Lyda Middle Josephine Last Vom Bey			4. DATE OF DEATH Month 2 Day 24 Year 58		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 23, 1888	9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Herr			14. MOTHER'S MAIDEN NAME Minnie Godejoha		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mr. Ernest F. Vom Bey, 2536 Oepts		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-Pneumonia					INTERVAL BETWEEN ONSET AND DEATH few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
					DUE TO (c) 491x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Coronary Arteriosclerosis - Diabetes Mellitus					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from February 23, 1958 to February 24, 1958 and last saw her alive on February 24, 1958 . Death occurred at 11:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS 812 Olive Street Saint Louis, Mo.		22c. DATE SIGNED 2-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify removal)		23b. DATE 2/27/58		23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
		23d. LOCATION (City, town, or county) St. Louis County		23e. (State) Mo.	
24. FUNERAL DIRECTOR Drehmann-Harrai		ADDRESS 1905 Union		25. DATE RECD. BY LOCAL REG. FEB 25 '58	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Deceased hospitalized over 24 hrs.

MEDICAL CERTIFICATION

Dr. Geo. F. Rendleman
812 Olive
Ch. 1-9261

Hrs. Until 4:45 Tues.

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 *Warren A. Carv*.....

Licensed Embalmer No. *35*.....

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.