

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024214
State File No.

FILED JUL 11 1958

REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500

Registrar's No. 1255

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give town) Maryland Hgts		c. CITY OR TOWN Lutesville 00900	
c. LENGTH OF STAY (in this place) 3 mo		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 Monima Ave & Dorsett		e. STREET ADDRESS (If rural, give location) Rural Route	
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) VANDEVEN c. (Last)		4. DATE OF DEATH July 1 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 8 1919
9. AGE (In years last birthday) 39		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own Farm	
11. BIRTHPLACE (City and State or Foreign Country) Glennon Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Vandeven		13b. MOTHER'S MAIDEN NAME Anna Hinkebein	
14. NAME OF HUSBAND OR WIFE Margaret Vandeven			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) WW1		16. SOCIAL SECURITY NO. unk.	
17. INFORMANT'S SIGNATURE OR NAME Margaret Vandeven		ADDRESS Lutesville Mo	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTASES TO ABDOMEN AND INTESTINAL OBSTRUCTION		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS	
ANTECEDENT CAUSES Obstruction Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT TUMOR OF LEFT TESTICLE		2 YEARS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		178X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4/8/58 to 5/22/58 , 19___, that I last saw the deceased alive on 5/22/58 , 19___, and that death occurred at 9:15A m., from the causes and on the date stated above.			
23a. SIGNATURE F.R. Bradley (Degree or title) M. D.		23b. ADDRESS 600 SOUTH KINGSHIGHWAY	
23c. DATE SIGNED 7/1/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/1/58	
24c. NAME OF CEMETERY OR CREMATORY St Anthonys Cemetery		24d. LOCATION (City, town, or county) (State) Glennon Mo	
DATE REC'D BY LOCAL REG. 7-1-58		REGISTRAR'S SIGNATURE Herbert R. Rombe md	
25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F Home		ADDRESS 9222 Lackland Overland MO	

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 *Al C. Ortman*.....

Licensed Embalmer No. *3478*.....

P. O. Address.....

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.