

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 8 1960

60-029063

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2194

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON</b>		Length of stay in 1b <b>D.O.A.</b>	c. CITY OR TOWN <b>LEMAY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS COUNTY HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>634 WALLER AVENUE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>AUGUST C. VAN DAMME</b>			4. DATE OF DEATH Month Day Year <b>JULY 22, 1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/12/1895</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ELECTRIC CONTRACTOR</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES VAN DAMME</b>		13b. MOTHER'S MAIDEN NAME <b>ANTOINETTE (UNK)</b>		14. NAME OF HUSBAND OR WIFE <b>ESTELLA CLEMENS VAN DAMME</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>499 36 9042</b>	17. INFORMANT Address <b>ESTELLA VAN DAMME 634 WALLER, LEMAY, MO.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Close contact gunshot wound of right temple</b>	
DUPLICATE (b)		
DUPLICATE (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Self inflicted gunshot wound of head</b>
20c. TIME OF INJURY <b>8:00</b>	Hour <b>PM</b>	Month, Day, Year <b>7/22/60</b>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Exterior of home premises</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Lemay St. Louis Missouri</b>

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond J. Harbo</i>	(Degree or title) <b>Coroner</b>	22b. ADDRESS <b>Clayton, Mo.</b>	22c. DATE SIGNED <b>7/26/60</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 25, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>AFFTON, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>C. HOFFMEISTER MORTUARIES 7814 SO. BROADWAY ST. LOUIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7-23-60</b>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lillian E. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Br

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.