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|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                     |  | a. STATE <b>Illinois</b>  | b. COUNTY <b>St. Clair</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis Childrens</b> |  | c. CITY OR TOWN <b>E. Cahokia, Ill.</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Length of stay in 1b<br><b>D.O. A.</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>913 E. 5th Street</b>             | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Daniel Ray Van Damme</b>               |                                  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>12 25 60</b>               |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-20-53</b>                                  | 9. AGE (last birthday)<br><b>7 1/2 yrs.</b>    | IF UNDER 1 YEAR<br>Months Days<br><b>7 1/2</b> |
| 10a. USUAL OCCUPATION (Give kind of work done)<br><b>None (most of working life, even if retired)</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |  |
| 13a. FATHER'S NAME<br><b>Donald M. Van Damme</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Doris Bollenbacher</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Single</b>   |  |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give way or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Ann Pryor-500 S. Kingshighway</b> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Cardiac Arrest Respiratory Arrest</b>   |  |                                  |
| DUE TO (b) <b>Lymphosarcoma</b>  |  |                                  |
| DUE TO (c) <b>metastasis 2001</b>  |  |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|                                       |                  |
|---------------------------------------|------------------|
| 20c. TIME OF INJURY<br>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.)<br><b>D. O. A.</b> | 20f. CITY, TOWN, OR LOCATION<br><b>D. O. A.</b> | COUNTY | STATE |
|--|---|---|--------|-------|

21. I attended the deceased from **D. O. A.** to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at **1:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>J. Neal Middelkamp M.D.</b> | 22b. ADDRESS<br><b>Childrens Hospital</b> | 22c. DATE SIGNED<br><b>12-25-60</b> |
|--|---|-------------------------------------|

|  |                                       |  |   |
|--|---------------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>December 28, 1960</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Park Lawn</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, County Missouri</b><br><b>1800 Lemay Ferry Rd.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Harold A. Dashner Dupo, Illinbis</b> | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 27 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b> |
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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

*Harold A. Washburn*

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

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.