

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5776

AMENDED

FILED JUL 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis, Mo.</u>  |  | Length of stay in 1b  | c. CITY OR TOWN <u>St. Louis.</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>205 No. 9th, St.</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>CHARLES</u> Middle <u>(Glen)</u> Last <u>VAN VAARENBURG</u>   |  |   | 4. DATE OF DEATH<br>Month <u>6</u> Day <u>19</u> Year <u>61</u>  |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/19/1904</u>   | 9. AGE (last birthday)<br><u>57</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Switchman</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Rock Island R. R.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Springfield, Missouri.</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Ellis VanValkenburg</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Leila Cleghorn</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>-----</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes</u> <u>Peace Time</u>   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br><u>Mrs. Cecil Rainbolt, 119 Young, Tulsa, Okla.</u><br>Address  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of lung</u>  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 months</u>                                   |
| <p>Conditions if any which give rise to above cause (a) type the underlying cause last.</p> <p>DUE TO (b) <u>163x F</u></p>   |  |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pathologic fracture, left</u>  |  |   |  | 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 |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>Patient fell in driveway, striking hip on floor</u>      |  |  |   |
| 20c. TIME OF INJURY<br><u>730 p.m.</u> Hour Month, Day, Year <u>5 27 61</u>   |  | 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.)<br><u>25 Hotel</u>  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><u>St Louis St Louis city Mo.</u>        |
| 21. I attended the deceased from <u>March 1961</u> to <u>present</u> and last saw him alive on <u>6-18-61</u><br>Death occurred at <u>220</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>Robert C. Huggins MD</u>   |  |   | 22b. ADDRESS<br><u>14 Fourth Walk Clayton 5 Mo</u>   |  | 22c. DATE SIGNED<br><u>6-19-61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>6-20-61</u>  | 23c. NAME OF CEMETERY OR CREMATORY  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Sand Springs, Oklahoma.</u>  |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Albert H. Hoppe Inc., 4700 Washington, Blvd.</u>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>JUN 20 1961</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith M.D.</u>  |   |

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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 Harry E. Monroe

Licensed Embalmer No. 4495  
P. O. Address St. Louis, Mo

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.