

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**14989**

**1. PLACE OF DEATH**

County Jackson  
Township 1st  
City IC-R.

Registration District No. **399**  
Primary Registration District No. **100**  
(No. 611 North Monroe)

File No. 2037  
Registered No. 2037  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alfonso Van Compenolle

(a) Residence, No. 611 North Monroe St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julli Van Compenolle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 | 9 | 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Gardener  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Belgium

**10. NAME OF FATHER**

Henry Van Compenolle

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Belgium

**12. MAIDEN NAME OF MOTHER**

Babais Coemwen

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Belgium

**14.**

INFORMANT Henry Van Compenolle  
(Address) 449 East Lyne

**15.**

FILED 5/1 29 M. M. Corne  
REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1929

17. Deputy Coroner  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_, alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 11 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
9 2/3  
10 2/3

CONTRIBUTORY Chronic endocarditis  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley McCall, M. D.

4/30, 1929 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

West Mary Cemetery

**DATE OF BURIAL**

May 1 1929

**20. UNDERTAKER**

John A. Muesel

**ADDRESS**

1415 E 15

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

