NOV 1 0 1938

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

33777
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8763

(c) City St Louis Mo (d) Street No. At City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 532 Wm Van Dyke

(a) Residence, No. 610 Rugler St St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora Van Dyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ? unk.

7. AGE: Abaut YEARS 59 MONTHS ? DAYS ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Painter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Wm C. Van Dyke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Maude Hubbard 1302 So 7th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Trinity DATE: Oct 8-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Pendle Hd Co 7420 Michigan

20. FILED: OCT 7 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/4/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:15 P.M. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of the Pelvis and Fracture of left arm as result of a fall from a scaffold MANNER UNDETERMINED at 13th and Wright Streets, about 2:10 P.M., October 4th, 1938

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/4/, 19 38

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury ..... See Above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) [signature], M. D.

(Address) Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 344 Kenyon Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.