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.

REG'D JUN 12 1939

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

16911
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. 1003 Registered No. 4445

(c) City St. Louis (d) Street No. BARNES HOSPITAL 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.

524 Dr.

2. PRINT FULL NAME Robert E. Van Wickle

(a) Residence, No. 630 So. Kingshighway St. 18

(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 M.

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary F.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-'07

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. physician

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) Mattawan, New Jersey

FATHER

13. NAME Daniel E. Van Wickle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? N.J.

MOTHER

15. MAIDEN NAME Florine B. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? N.Y.

17. INFORMANT Mrs. Florine Taylor
(ADDRESS) Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Philadelphia, Pa. DATE May 15, 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED MAY 15 1939 MAY 14 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1939, to 4-24, 1939.

I last saw him alive on 5-14, 1939. Death is said to have occurred on the date stated above, at 1:45 a.m.

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

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Coronary Artery Disease

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

What test confirmed diagnosis? E.K.G. Was there an autopsy? NO

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

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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. Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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