S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20389

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 5337

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21
(If outside city or town limits write "RURAL")

(d) Street No. 2632 Dickson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HUEY VANDYKE 532

3. (b) If veteran name war (327-12-1364) NO S

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race Col

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINIE

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years About 65 | Months | Days | If less than one day hr. min.

9. Birthplace TENN (City, town, or county) 1 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business W. P. A. 9

FATHER
12. Name UNK. 6
13. Birthplace UNK. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Vandyke.
(b) Address VENICE ILL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. LOUIS ILL

18. (a) Signature of funeral director J. L. Marshall
(b) Address 2205 MISSOURI AVE E. St. L.

19. (a) JUN 20 1940 (Date received by local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-7- 1940 to 6-19- 1940; that I last saw him alive on 6-19- 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Stomach 1 — Duration: About 2 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N. Whitter St. Date signed 6-20-1940

(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 Robert H. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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.