

3-40  
-39  
K23159

Registration District No. **791** Primary Registration District No. **1003**

**FILED DEC 11 1940**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution.....  
2901 Texas Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 2  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis, 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2901 Texas Ave.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME CLARA BARBARA VANDERBURGT  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 15th  
year 1940 hour 6 minute A. M.  
21. I hereby certify that I attended the deceased from October 11  
1940 to November 15, 1940  
that I last saw her er alive on Nov. 15, 1940  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased November 7 1879  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
61 8 hr. min.

Immediate cause of death  
Chronic Myocarditis Duration 2  
Due to Chronic Interstitial Nephritis 2  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home  
11. Industry or business.....  
12. Name John Bender  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Pope  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Frank Vanderburgt  
(b) Address 2901 Texas Ave.  
17. (a) Burial (b) Date thereof Nov. 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS. Peter & Paul Cem.  
18. (a) Signature of funeral director J. H. Gebken & Co  
2842 Meramec St.  
(b) Address.....  
19. (a) NOV 15 1940 (b) J. F. Budwick  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury  
23. Signature Francis P. Schaller (M. D. or other) M.D.  
Address 4005 Gravois Ave Date signed 11-15-40

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

**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.....  
Joseph S. Benz....., Registered Apprentice No. 218  
working under my personal supervision.

Signed Herman A. Gebker  
Licensed Embalmer No. 2120  
2842 Meramec St.  
P. O. Address..... St. Louis, Mo.

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

**If this body is not embalmed, fact should be so stated above.**