

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31099**
Registrar's No. **1001**

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St Joseph, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution 4 days**
(Specify whether
In this community **20 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **503 South 8th St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Louis Vandeylist**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **488-14-7603**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **1882** years

7. Birth date of deceased: **unknown** **1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **?** Days **?**
If less than one day hr. min.

9. Birthplace **Lansing Mich. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **elaborate Moulder**

11. Industry or business **Dea Quinn Laundry**

12. Name **unintelligible Vandeylist**

13. Birthplace **Holland Mich. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **Holland Mich. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Angel DeGunner**
(b) Address **1613 Bellevue St. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **9/22/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Anthony Cemetery**

18. (a) Signature of funeral director **Fray J. J. J. J.**
(b) Address **218 South 12th St. Home**

19. (a) **Sept. 22, 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**
year **1941** hour **5** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **9-16-1941** to **9-20-1941**
that I last saw him alive on **9-20-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia hypostatic**

Due to Hemorrhage cerebral

Due to Hypertension

Other conditions: nephritis, cl., arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**

Of autopsy **[Signature]**

Duration

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **MDP**
Address **[Signature]** Date signed **9/22/41**

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

6390

SEP 29 1941

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

Victor J. Barry

Licensed Embalmer No.

P. O. Address.

H. 2. 1. 1.
S. J. M. O.

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.