

S. No. 2
M-1-4-41
v. 5-17-39
X26390

3721

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1942

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 283

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hosp
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community about 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 802 Holland Ave
(If rural, give location)

(e) Citizen of foreign country? / (Yes no)
If yes, name country _____

3. (a) PRINT FULL NAME Barney Vandell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1942 hour 11:45 P minute _____ M.

21. I hereby certify that I attended the deceased from 2-2-1942 to 2-2-1942
that I last saw h alive on 2-2-1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race negro

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

6. (b) Name of husband or wife Ettie Vandell

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 25 1880
(Month) (Day) (Year)

Immediate cause of death Pneumonia Meningitis 2 days
Due to _____
Due to _____

8. AGE: Years 61 Months 6 Days 10
If less than one day hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) None

9. Birthplace Newark Ark
(City, town, or county) (State or foreign country)

10. Usual occupation junior school

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name George Vandell

13. Birthplace Newark Ark
(City, town, or county) (State or foreign country)

14. Maiden name Susan McCall

15. Birthplace Newark Ark
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Chas Vandell

(b) Address 4220 N. Market

17. (a) _____ (b) Date thereof 2-7-42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Jackson

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 822 1/2 N. Jefferson Date signed 2/6/42

18. (a) Signature of funeral director [Signature]

(b) Address 100 Lewis

19. (a) FEB 7 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 J. Lewis

Licensed Embalmer No. 2077

P. O. Address 22 Laurel St. Boston, Mass.

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, fact should be so stated above.