

22342

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Filed JUL 6 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1402

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Florissant, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME James W. Vendt.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male ( ) 5. Color or race White

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

6. (b) Name of husband or wife Mary A. Vendt

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

7. Birth date of deceased Jan. 11, 1883.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>5</u>	<u>17</u>	hr. _____ min.

9. Birthplace Florissant, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Gottlieb Vendt

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

14. Maiden name Mary Spies

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

16. (a) Informant's own signature Mrs. Mary A. Vendt

(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof July 1/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiamont Ave.,

19. (a) JUN 30 1942 (b) J. Mc  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1942 hour 1.45 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 27, 1942, to June 28, 1942

that I last saw him alive on June 28 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cancer of Stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Hypertension

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. C. Adams (M. D. or other) \_\_\_\_\_

Address Florissant, Mo Date signed June 28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

Rev. 5-17-39 1 X1951

Dr. L. C. Arbrens  
Florissant, Mo.

MAY 2 1945

---

---

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 Wilford G. Burdley  
Licensed Embalmer No. 4202  
P. O. Address St. Louis, Mo.

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.