

FILED APR 23 1943 818

Primary Registration District No. _____

Registrar's No. _____

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

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:
St. Lukes Hospital
(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 Missouri (b) County _____

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

(d) Street No. 3728 Arsenal St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis William Vandover

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

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 _____ years

7. Birth date of deceased August 11 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>8</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Dentist

11. Industry or business Self

MOTHER FATHER

12. Name S. T. Vandover

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

14. Maiden name Marie A. Stratman

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

16. (a) Informant Dr. S. T. Vandover

(b) Address 3728 Arsenal St

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof April 15 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Brothers
3029 Lafayette Ave

(b) Address APR 18 1943

19. (a) _____
(Date received local registrar)

(b) J. J. Bredek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day April
year 1943 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from February 1st 1943, to April 11th 1943
that I last saw him alive on April 11th 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to chronic nephritis

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

Major findings: -

Of operations -

Of autopsy -

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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature Bernard Ploch (M. D. or other)
Address 3527 Osage St. Date signed 4-13-43

St. Louis Mo.

Dr. [Signature]
3954 S. [Signature]

Nov - 1296

3 to 5

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 *Francis J. Owens*.....

Licensed Embalmer No. *7245*.....

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, fact should be so stated above.