

FILED JUN 19 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5229

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:
2125a Allen Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 22 Years
 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. 2125a Allen Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HAROLD EDWIN VANDIVER
 3. (b) If veteran, name war NO
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 5th
 year 1944 hour 11 minute 50 P.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Daisy R
 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased Feb. 8th 1900
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1940 to June 5, 1944
 that I last saw him alive on June 1, 1944
 and that death occurred on the date and hour stated above.

8. **AGE:** Years Months Days If less than one day
44 3 28 hr. _____ min.

Immediate cause of death Coronary Embolism Duration Seconds

9. Birthplace Bonne Terre, Mo. (City, town, or county) (State or foreign country) 0

Due to Coronary Arteriosclerosis 4 yrs
 Due to 1 hypertension ?

10. Usual occupation Welder

Other conditions (Include pregnancy within 3 months of death) 94 a

11. Industry or business Carman

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

12. Name Robert Vandiver

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Radie

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Daisy Vandiver
 (b) Address 2125a Allen Ave.

17. (a) Burial (b) Date thereof 6/8/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A. W. McLaughlin
 (b) Address 2301 Lafayette Ave.
 19. (a) JUN 8 1944 J. F. Brueck (Registrar's signature)
 (Date received local registrar)

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 0
 23. Signature J. F. Brueck (M. D. or other) M.D.
 Address 3805 Broadway Date signed 6/7/44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. P. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.