

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
18 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2818 Lafayette Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy Vance

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 Married
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Aug 3 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Miningine Operator

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Vance
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Lula Combs
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Allie Vance
(b) Address 2818 Lafayette Ave.

17. (a) Removal (b) Date thereof 5/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River Mo.

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Flat River Mo.

19. (a) MAY 3 1945 (Date received local registrar) J. F. Beedock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1945 hour 5:30 minute _____ A. _____ M. _____

21. I hereby certify that I attended the deceased from 3/25/45
_____, 19____, to 5/3/45, 19____;
that I last saw him alive on 5/3/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
cardiac - vascular disease

Due to _____
Due to _____

Other conditions Obstructive infarct
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy non permitted

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 E. W. C. Smith (M. D. or other) _____
Address 1519 Lafayette 5/3/45 Date signed _____

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

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address. 5934 alpha

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.