

S. No. 2
M-5-43
5-17-39
I X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENTRAL
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21317**
Registrar's No. **1245**

Registration District No. **317** Primary Registration District No. **3068**

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

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **MAPLEWOOD**
(c) Name of hospital or institution:
3030 WALTER 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..... years, months or days)

3. (a) PRINT FULL NAME **AMANDA VANDENBERGH**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **FEM** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **MARCH 3 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 3 7 hr. min.

9. Birthplace **NEW JERSEY**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business.....

MOTHER FATHER
12. Name **CHARLES ROSE**
13. Birthplace **NEW JERSEY**
(City, town, or county) (State or foreign country)
14. Maiden name **GARDNER**
15. Birthplace **NEW JERSEY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS BROOKS (SISTER)**
(b) Address **3030 WALTER AVE**

17. (a) **STAMPED REMOVED** (b) Date thereof **6/9/46**
(By burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **ENGLISH TOWN, N.J.**

18. (a) Signature of funeral director **M. J. Conroy**
(b) Address **7146 Maplehurst Ave.**

19. (a) **6-8-46** (b) **E. B. McDevigan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **NEW JERSEY** (b) County **MONMOUTH CO.**
(c) City or town **W. POINT PLEASANT**
(If outside city or town limits, write "RURAL.")
(d) Street No. **PRINCETON AVE**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **8**
year **1946** hour **7** minute **10 AM**
21. I hereby certify that I attended the deceased from **6/5/46**
to **6/8/46** and that death occurred on the date and hour stated above.
that I last saw him alive on **6/4/46**

Immediate cause of death **Coronary Occlusion** Duration **6 hrs**

Due to **Myopericarditis heart disease yrs**

Due to **946**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **No**

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) (e) Means of injury.....

Signature **John K. Brown** (M. D. or other) **JMB**
Address **Maplewood N.J.** Date signed **6/9**

(Licensed Embalmer's Statement on Reverse Side) **John Brown**

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. Allen Davis Jr

Licensed Embalmer No.

4053

P. O. Address

St. Louis

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.