

No. 2
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Mr. Davis 1252
28236
State File No.
R734 No. 12657
Registrar's No. 1722

FILED AUG 27 1946

Registration District No. 377 Primary Registration District No. 3069

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

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos.
In this community Life
years, months or days

3. (a) PRINT FULL NAME Jay Loren Vanderburg
3. (b) If veteran name war nil
3. (c) Social Security No. nil

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced S. ()
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 20 1943
7. Birth date of deceased June 20 1943
(Month) (Day) (Year)

8. AGE: Years 3 Months 2 Days 4
If less than one day hr. min.
9. Birthplace St. Louis, Mo. ()
(City, town, or county) (State or foreign country)
10. Usual occupation nil

MOTHER FATHER
11. Industry or business
12. Name Edgar Wade Vanderburg
13. Birthplace Little Rock, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Maddeline Papin
15. Birthplace Crittwell, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Vanderburg
(b) Address 6030 Wullman Ave.
17. (a) Burial (b) Date thereof 8-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Guy Miller
(b) Address 5041 Allyn Blvd.
19. (a) 8-14-46 (b) S. W. Garant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6030 Wullman (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 27 year 1946 hour 11 minute P. M. 3-8-46
21. I hereby certify that I attended the deceased from Aug 21, 1946 to Aug 21, 1946
that I last saw him alive on Aug 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis True Lipoid Type
Due to 131-8
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy True Lipoid Tuberculosis

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) (c) Means of injury 6
23. Signature J. H. Davis (M. D. 10)
Address 634 N. Grand Date signed 8-23-46

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Ray Campbell

Licensed Embalmer No. *3881*.....

P. O. Address.....

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.