

S. No. 2
M-5-43
7. 5-17-39
I 36671

FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH 1003

State File No. 29153

Registration District No. Primary Registration District No. Registrar's No. 2114

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mississippi River
(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 foo

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

(d) Street No. 7529 a Michigan ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harold George Van Damme

3. (b) If veteran, name war World War 11

3. (c) Social Security No. 488-18-8804

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1946 hour 7 minute 120 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernice Van Damme

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased January 27 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 2 21 hr. _____ min.

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death My physician due to growing old he was found floating in the Mississippi River at the foot of Coacung Street on August 13, 1946. Cause of death and manner of some could not be determined.

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Carpenter

11. Industry or business Edison Bros.

Major findings: Of operations 183/4

Of autopsy 19

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Gus Van Damme

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

14. Maiden name Stella Clemens

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Van Damme

(b) Address 7529 a Michigan ave.

17. (a) Burial (b) Date thereof Aug. 19, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) AUG 16 1946 (b) J. F. Bredeek
(Date received local health officer) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) See Verdict

(b) Date of occurrence August 13 1946

(c) Where did injury occur? at home in
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pharmacy
(Specify type of place) (e) Means of injury Car

While at work _____

23. Signature [Signature] (M. D. or other) 3

Address [Signature] Date signed 8/16/46

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.