No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947 #71317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19452

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5082

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-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 50 years

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. 3802a Sherman Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES VANDIVER
3. (b) If veteran, name war None
3. (c) Social Security No. 499-28-6538

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Vandiver
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April (Month) 7, (Day) 1873 (Year)

8. AGE: Years 74 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name William Vandiver
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Vandiver
(b) Address 3802a Sherman Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem. St.Charles Mo.
18. (a) Signature of funeral director W. Stock
(b) Address 2117 East Grand Blvd.
19. (a) MAY 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1947 hour 1:10 minute P M.
21. I hereby certify that I attended the deceased from 5/14/47, 19..., to May 19th, 19 47 that I last saw him alive on May 19th, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 24 H
Due to
Due to
Other conditions Pernicious Anemia — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address 1515 Lafayette Date signed 5/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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.

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