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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

19454
State File No.
Registrar's No. 5204

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days) 70 years

3. (a) PRINT FULL NAME Charles VanNest
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 Anna Kammer
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January 12 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 12 hr. _____ min.

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

10. Usual occupation Bottler
11. Industry or business Anheuser-Busch Inc.

MOTHER FATHER
12. Name August Van Nest
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Marie Unknown
15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Van Nest
(b) Address 3821 Wisconsin

17. (a) Burial (b) Date thereof May 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) MAY 26 1947 (b) J. F. Beiderwieden
(Date received local registrar) (Registrar's signature)

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") 17
(d) Street No. 3821 Wisconsin
(If rural, give location) 24 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1947 hour 1: minute 55 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Engyema Night
Due to _____
Chronic Degenerative
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 93

Major findings:
Of operations _____
Of autopsy _____
Duration _____
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? _____
tery

(Specify type of place)
While at work _____ (e) Means of injury 2
23. Signature W. H. Perry (M. D. or other) _____
Address _____ Date signed 5/26/47

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 *Leah Paulson*

Licensed Embalmer No. *4114*
P. O. Address. *1936 St. Louis Ave*

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.