

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38725

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10034

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
(Specify whether In this community years, months or days)

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")
(d) Street No. 21 1924 A. Cass
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edgar Van Treece

3. (b) If veteran, name war. none
3. (c) Social Security No. 490-26-9067

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Vantreece
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Nov. 21, 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 11 27 hr. min.

9. Birthplace Love Joy, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business

MOTHER FATHER

12. Name Leonard Vantreece

13. Birthplace Jackson, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Allie Northern

15. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Vantreece

(b) Address Sanatoga Street 331

17. (a) Burial (b) Date thereof Nov. 25, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park cem.

18. (a) Signature of funeral director Dement & son

(b) Address 2629-31 Cole Street

19. (a) NOV 19 1948 (b) J.B. Dement
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1948 hour 2 minute 12 PM.

21. I hereby certify that I attended the deceased from October 18, 1948, to November 17, 1948;
that I last saw him alive on November 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Craniotomy

Due to Platybasia, congenital

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Platybasia, congenital

Of autopsy As above

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

23. Signature F.R. Bradley (M. D. or other)

Address Barnes Hospital Date signed 11/18/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.