

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28944
State File No.

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6074 Registrar's No. 2039

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. CITY (If outside corporate limits, write RURAL and give township) Salem	
c. LENGTH OF STAY (in this place) 4		d. STREET ADDRESS (If rural, give location) unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home.			

3. NAME OF DECEASED a. (First) Martha		b. (Middle) Elizabeth		c. (Last) Vandivort		4. DATE OF DEATH (Month) (Day) (Year) August 23 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 20, 1875	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY home			11. BIRTHPLACE (State or foreign country) Dent Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.							

13a. FATHER'S NAME W.A. Young		13b. MOTHER'S MAIDEN NAME Sarah Hill		14. NAME OF HUSBAND OR WIFE L.B. Vandivort			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME L.B. Vandivort, Salem, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sole arteriosclerosis with		ANTECEDENT CAUSES		DUE TO (b) occlusion of cerebral vessels (105)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chr. Myocarditis			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Senility		4221	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8-15, 1949, to 8-23, 1949, that I last saw the deceased alive on 8-22, 1949, and that death occurred at 8P m., from the causes and on the date stated above.

23a. SIGNATURE Ed Young (Degree or title)		23b. ADDRESS Creve Coeur, Mo		23c. DATE SIGNED 8-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-24-49		24c. NAME OF CEMETERY OR CREMATORY City	
24d. LOCATION (City, town, or county) Salem, Mo.		24e. (State)			

DATE REC'D BY LOCAL REG. 8-24-49		REGISTRAR'S SIGNATURE Wendell R. Lander		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
				ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. W. Bunkley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo.*

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.