

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **43039**  
 Registrar's No. **10650**

BIRTH NO. **105692** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1223 So. Jefferson Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First)	b. (Middle)		c. (Last)	Dec.	11th, 1949	
<b>ROBERT VANCIL</b>						

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>5-30-08</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electric Welder</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Truck body</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Theo. Vancil</b>	13b. MOTHER'S MAIDEN NAME <b>Blanche Wood</b>	14. NAME OF HUSBAND OR WIFE <b>Floy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Floy Vancil</b>	ADDRESS <b>1223 So. Jefferson</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7-8 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>15</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
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22. I hereby certify that I attended the deceased from **3**, 19**49**, to **12/11/49**, that I last saw the deceased alive on **12/11/49**, 19**49**, and that death occurred at **12:02 PM** from the causes and on the date stated above.

23a. SIGNATURE <b>M. Koehler, M.D.</b> (Degree or title)	23b. ADDRESS <b>1515 Lafayette Ave.,</b>	23c. DATE SIGNED <b>12/12/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-13-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>
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DATE REC'D BY LOCAL REG. <b>DEC 12 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lusata</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. McLaughlin</b>	ADDRESS <b>Bold Lafayette</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *C W Cooper*

Licensed Embalmer No..... *3830*

P. O. Address..... *2301 Lafayette*

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.