

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42954**
Registrar's No. **10906**

FILED JAN 2 1951
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 1554 S Spring	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1554 S Spring		d. STREET ADDRESS 1554 S Spring	
3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) c. (Last) VanVleet		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr 13, 1870
9. AGE (in years last birthday) 80		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (State or foreign country) Sumner, Ill.		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John VanVleet		13b. MOTHER'S MAIDEN NAME Mary Maquire	
14. NAME OF HUSBAND OR WIFE			
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.	
17. INFORMANT'S SIGNATURE OR NAME Iva Pope Simms		ADDRESS Ironton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by hanging while found hanging in the yard by a rope which was looped over the top of the door to his room at 1554 S Spring Ave on Dec 19 1950 at about 530 pm II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. AGE AT DEATH (Specify) 80		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19 50 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E 974 X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. B. Lasater		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/21/50			
24a. BURIAL OR CREMATION REMOVAL (Specify) burial		24b. DATE 12/22/50	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 21 1950		REGISTRAR'S SIGNATURE J. B. Lasater	
25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons		ADDRESS 7027 Gravois	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. G. Peterson

Signed.....

Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.