

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44823

State File No. _____

FILED DEC 29 1953

No. 300
10-48

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|---|----------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>3255</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u> | | c. LENGTH OF STAY (In this place) <u>27 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u> | | d. STREET ADDRESS (If rural, give location) <u>307 Sappington Bks. Road</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 Sappington Bks. Road</u> | | | | d. STREET ADDRESS (If rural, give location) <u>307 Sappington Bks. Road</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Tillie</u> | | b. (Middle) <u>-----</u> | | c. (Last) <u>Vandewalle</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>September 15, 1874</u> | | 9. AGE (In years last birthday) <u>79</u> | 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) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>PETER VANDEWALLE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>EMILY MILLIANO</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Hoskins 307 Sappington Bks. Road</u> | | | |
| 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) <u>Apoplexy</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> | | | | | | ??? | |
| 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"/> | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct. 19, 1953</u> , to <u>Dec. 17, 1953</u> , that I last saw the deceased alive on <u>Dec. 17, 1953</u> , and that death occurred at <u>6:00 Pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>A. M. Peters</u> M.D. | | | | 23b. ADDRESS <u>4145 a S. Grand Blvd.</u> | | 23c. DATE SIGNED <u>12/18/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>Dec. 21, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Crosstown, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>12/20/53</u> | | REGISTRAR'S SIGNATURE <u>Heckey B. Sombe</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u> | | ADDRESS <u>7814 S. Broadway</u> | |

4000

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

(Signed Embalmer's Statement on Reverse Side)

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.