

FILED OCT 25 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 35513

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2320

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Valley Park,		c. LENGTH OF STAY (In this place) 2 & 1/2 mos		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Valley Park 76		d. STREET ADDRESS (If rural, give location) Smizer Mill Rd., Rt. #1			
3. NAME OF DECEASED a. (First) Lydia			b. (Middle) E.		c. (Last) Vandover		4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 2, 1885		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At. Home			11. BIRTHPLACE (State or foreign country) Erie, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo. A. Billings			13b. MOTHER'S MAIDEN NAME Ida Bemis			14. NAME OF HUSBAND OR WIFE Claude A. VanDover			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None			16. SOCIAL SECURITY NO. 489-20-8658		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claude A. VanDover, Smizer Mill Rd.				
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>cardio-asthmatic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malnutrition</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  2865						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 Oct. 6 <sup>th</sup> , 1955, to _____, 19____, that I last saw the deceased alive on Oct 6, 1955, and that death occurred at 9:25 <sup>pm</sup> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. J. W. Miller MD</u>				23b. ADDRESS 2301 W. Club Bldg		23c. DATE SIGNED 10/6/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.			
DATE REC'D BY LOCAL REG. 10-8-55		REGISTRAR'S SIGNATURE Herbert R. Donabata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger, Kirkwood, Mo.					

S-G (Licensed 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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *William H. Fitzinger*

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood 22*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.