FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18805

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4391

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis 23 9/10 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 23 1520 So. 11th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HERBERT Middle NOAH Last VANDIVER
4. DATE OF DEATH: Month MAY Day 3 Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 8, 1890
9. AGE (In years last birthday): 60 — 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): Plumber's Helper
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Vandiver
14. MOTHER'S MAIDEN NAME: Mellissa Glore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: David Vandiver, 8899 St. Cyr Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septicemia etio: M pyogenes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): following retrograde pyelography
DUE TO (c): Carcinoma of lung
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 162x
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/21/56, to 5/3/56 and last saw her/him alive on 5/3/56
Death occurred at 8:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John Allen Burnell M.D. (Degree or title)
22b. ADDRESS: 1515 LAFAYETTE AVE.
22c. DATE SIGNED: 5/3/56.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-4-56
23c. NAME OF CEMETERY OR CREMATORY: Germania Cemetery
23d. LOCATION (City, town, or county) (State): Bonne Terre, Missouri.

24. FUNERAL DIRECTOR: Albert H. Hoppe, 4700 Washington — ADDRESS
25. DATE RECD. BY LOCAL REG.: MAY 4 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Primary Lung

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. Wm Brake

Licensed Embalmer No...

P. O. Address St Lau

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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