

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

23050

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis Mo.* (No. ....)

Registration District No. *791*  
Primary Registration District No. *1000*  
..... *Sanitarium* .....

File No.....  
Registered No. *6498*  
.....St. ....Ward)

**2. FULL NAME** *Cecilia Van Hook*

(a) Residence. No. *4020 Sumner Ave.* *13* Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred *28* yrs. + mos. ds. // How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 10 1931*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from *July 1*, 19*30*, to *June 10*, 19*31* that I last saw h.e. alive on *June 9*, 19*31*, and that death occurred, on the date stated above, at *6:45 A.M.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Generalized Arterio-Sclerosis & Chronic Myocarditis*  
(duration) *17* yrs. .... mos. .... ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*about 72*

CONTRIBUTORY (SECONDARY) *93*  
(duration) .... yrs. .... mos. .... ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Housework*  
(b) General nature of industry, business, or establishment in which employed (or employer) *336*  
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) *Paris*  
(STATE OR COUNTRY) *France*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

10. NAME OF FATHER *Unknown*

18. WHERE WAS DISEASE CONTRACTED (continued) *93*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *France*  
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) *O. E. Tjoffelt*, M. D.

12. MAIDEN NAME OF MOTHER *Unknown*

June 10, 1931 (Address) *540 Arsenal*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *France*  
(STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT *O. E. Tjoffelt*  
(Address) *540 Arsenal*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Sunset Burial Pk* DATE OF BURIAL *6/13/ 1931*

15. FILED *Max W. ...* REGISTRAR

20. UNDERTAKER *Ziegenhein Bros. 2643 Cherokee St.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. A 012 should be properly classified.

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