WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

DEC 20 1935

Do not use this space.

37189

1. PLACE OF DEATH
County St. Louis County — Registration District No. 333 — File No.
Township Ferguson — Primary Registration District No. 4468 — Registered No. 175
City (No. Graham Road & Rt. 77 St. Ward)

2. FULL NAME Harry E. Van Hee
(a) Residence, No. Graham Road & Rt. 77 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1913

7. AGE — YEARS 22 — MONTHS 8 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Harry E. Van Hee, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Margaret Scanlon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) Harry E. Van Hee, Sr. Graham Road & Rt. 77

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE Nov. 18, 1935

19. UNDERTAKER (ADDRESS) Wm. F. Paschedag 2825 N. Grand Blvd.

20. FILED Nov 16th 1935 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-14-1935 to 11-14-1935
I last saw him alive on 11-14-1935. Death is said to have occurred on the date stated above, at 11:48 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	8-5-30
Other contributory causes of importance:	
Sub acute Nephritis	10-1-34

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Roy Johnson, M. D.
(Address) Ferguson, Mo.

100M-11-24-33

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