

REC'D MAY 6 5 1938

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

15837
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Jefferson Primary Registration District No. 109 Registered No. 779
 (c) City W. Maplewood (d) Street No. _____
 (e) Length of residence in city or town where death occurred 31 yrs. ___ mos. ___ ds. (f) How long in U. S., if of foreign birth? yrs. ___ mos. ___ ds.

2. PRINT FULL NAME MINNIE S. DEBOER 160

(a) Residence, No. 3314 Cambridge St. (If nonresident give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1873

7. AGE YEARS MONTHS Days IF LESS than 1 day, _____ hrs. or _____ min.
64 11 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as 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) Wellsville, Missouri

13. NAME Jesse J. Alderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Bergman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) James J. DeBoer 3314 Cambridge Ave.

18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Lebanon DATE May 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) Perfun and Co Webster Groves

20. FILED 4-30-38 J. R. Meyer M. D. Sup. 707 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 p. m. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance: Coronary occlusion 1 day

Name of operation _____ Date of _____
 What test confirmed diagnosis? Medical history 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) John O'Connell, M. D.
Coroner of St. Louis County (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I, C. C. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

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.)