

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

1 X12004

MAN - 7 1939

RECORDED FEB 7 1939

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

3891
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 36
 (c) City St. Ferdinand (d) Street No. Home for Aged Infirm Sisters St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Sister Mary Mathilda 5' 5"
 (a) Residence, No. Villa Gene - Home for Aged and Infirm Sisters (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 5
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1884
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 10 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Domestic
 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) Leopold, Missouri
 FATHER 13. NAME Martin Van der Ven
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland
 MOTHER 15. MAIDEN NAME Mary Hinkenbein
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Sister Mary Ludwiga
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Gene Cemetery DATE January 10, 1939
 19. FUNERAL DIRECTOR Frederick W. ...
 (ADDRESS) 7420 ...
 20. FILED MAN - 7 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 1 1937 to Jan 6 1939
 I last saw him alive on Jan 6 1939 Death is said to have occurred on the date stated above, at 8:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary artery with general arteriosclerosis
 Date of onset 2
 Other contributory causes of importance: H.S.
 Name of operation Splenectomy Date of Nov 5
 What test confirmed diagnosis? W.P. 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) W. ...
 (Address) 5355 N. ...

STATEMENT BY LICENSED EMBALMER

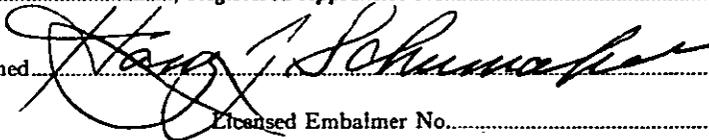
I,, Licensed Embalmer No.....

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 

..... Licensed Embalmer No.....

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.)