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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 4676

FILED JUN 10 1942
Registration District No. _____

Primary Registration District No. _____

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7814 S. Lovell
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Oliver Van Cleeck

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21, year 1942 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from May 16, 1942, to May 21, 1942 that I last saw him alive on May 21, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years About 78 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Due to Essential Hypertension

Due to Cardiac Hypertrophy

Other conditions 95 C
(Include pregnancy within 3 months of death)

9. Birthplace Missouri (City, town, or county) _____ (State or foreign country) b

10. Usual occupation Engineer

11. Industry or business Unemployed

12. Name ????? Unknown

13. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9

Major findings: Of operations _____

Of autopsy As above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Morrison

(b) Address City Hospital

17. (a) Burial (burial, cremation, or removal) (b) Date thereof May 29 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 29 1942 (Date received local registrar) J. F. Baedek (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature M W Davis (M. D. _____)

Address 1515 Lafayette Avenue Date signed 5/21/42

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Not Embalmed*
Frank J. Owens

Licensed Embalmer No. *7245*

P. O. Address *RT 100 MO*

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.)

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