

NOV SEP 10 1942

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Van Hooebeke

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edna Van Hooebeke 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased June 18 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 12
If less than one day hr. _____ min. _____

9. Birthplace Jefferson Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Alphons Van Hooebeke
 13. Birthplace St. Clair Co Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Kate Kotajczyk
 15. Birthplace Milwaukee Wis
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Van Hooebeke
 (b) Address Schiller Illinois
 17. (a) Removal (b) Date thereof 9/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mahlehill Cemetery
 18. (a) Signature of informant H. B. Bradford
 (b) SEP 2 1942 Jessen Illinois
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
 (c) City or town Schiller 11 NR
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
 year 1942 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 28, 1942, to August 30, 1942
 that I last saw him alive on August 30, 1942
 and that death occurred on the date and hour stated above

Immediate cause of death Myocardial infarction cerebral hemorrhage & pulmonary edema.
 Due to Pericarditis nodosum.
 Due to _____

Other conditions not for
(Include pregnancy within 3 months of death)

Major findings: Of operations not for
 Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____ (c) Means of injury D
 23. Signature Robert E. Koch (M. D. or other) _____
 Address BARNES HOSPITAL Date signed _____

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

17 2017 1748A

7345
7345

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 John Kitter
Licensed Embalmer No. 3880

P. O. Address.....

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.

STANDARD CERTIFICATE OF DEATH

State File No. 25-926

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7345-

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Frank Van Hoorebeke

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced..... M

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

7. Birth date of deceased June 18
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 14 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address OCT 2 1942

19. (a)..... (Date received local registrar) (Registrar's signature) J. F. Brudeck

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day.....
year..... 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

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.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

JAN 21 1943

JAN 22 1943