. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35492

Registrar's No. 9894

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: St. Anthony Hospital, 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day, (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 915 (If outside city or town limits, write "RURAL")

(d) Street No. 4215 Oregon Ave., (If rural, give location)

(e) Citizen of foreign country? No, (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Adeline Van Hoogstraet,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female,

5. Color or race White,

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife August L. Van Hoogstraet,

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

7. Birth date of deceased September (Month) 8 (Day) 1891, (Year)

8. AGE: Years 51 Months 2 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri, 0 (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business

FATHER
12. Name Bernard H. Kroeger,
13. Birthplace St. Louis, (City, town, or county) Missouri, 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Vogel,
15. Birthplace St. Louis, (City, town, or county) Missouri, 0 (State or foreign country)

16. (a) Informant August L. Van Hoogstraet,

(b) Address 4215 Oregon Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 11/30/42, (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) ~~NOV 24~~ 1942 (Date received local registrar) J. F. Bulick (Registrar's signature)

NOV 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1942 hour 3: minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1942, to Nov 26th, 1942 that I last saw her alive on Nov. 26th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Chronic Rheumatic Heart Disease	6 mos
Auricular Fibrillation	"
Due to Congestive Heart Failure	"
Myocardial Infarction (old)	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	

95

Major findings:
Of operations

Of autopsy Over above anatomical diagnoses

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. V. Powell (M. D. [redacted])

Address 3720 Washington Date signed 11-27-42

(Licensed Embalmer's Statement on Reverse Side)

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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 me, Registered Apprentice No. , working under my personal supervision.

Signed Joe B Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

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.