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1003

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

FILED FEB 22 1943

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. John Hospital
(If not in hospital or institution, write street number or location)

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

In this community.....

3. (a) PRINT FULL NAME Frank Edgar VanKeuren

3. (b) If veteran, name war..... 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Nellie VanKeuren 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 2 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 11 10 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name Alexander Hamilton VanKeuren

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

14. Maiden name Elizabeth Wood 9

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

16. (a) Informant June Gill VanKeuren

(b) Address Duquion, Illinois

17. (a) Burial (b) Date thereof 2/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duquion, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington, Blvd.

19. (a) FEB 15 1943 (b) J. J. Briedeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Perry 911
11 ONR

(c) City or town Duquion
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1943 hour 8 minute 5 M.

21. I hereby certify that I attended the deceased from 2/5/43 to 2/12/43, 19...
that I last saw him alive on 2/12/43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 1 week

Due to.....

Due to Arterio Sclerosis (2)

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

Major findings:
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature W. J. Falk (M. D. or other)

Address Duquion, Perry Date signed 2/13/43

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

Signed.....

W. W. Wilkinson

Licensed Embalmer No..... 3575

R. 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.