00

. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16702

State File No.

FILED JUN 9 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5046

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 1 Mo. 1 Day (Specify whether years, months or days)

In this community DONT KNOW

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 120

(c) City or town St Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3225 N Florissant (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Van Devene

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 MARRIED

6. (b) Name of husband or wife ELIZABETH VAN DEVENE

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased MAY (Month) 10 (Day) 1859 (Year)

8. AGE: Years 84 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation MARBLE STATUE WORKER

11. Industry or business

MOTHER FATHER

12. Name JACOB VAN DEVENE

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

14. Maiden name CHRISTIANA HOULY

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

16. (a) Informant ELIZABETH DEVENE

(b) Address 3225 N.FLORISSANT AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUN 1 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30, year 1943 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from April 29, 1943 to May 30, 1943; that I last saw him alive on May 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Bronchopneumonia	5 days
~~Due to~~ (2) Organic (senile) psychosis	
Due to generalized arteriosclerosis	2 years
Other conditions (Include pregnancy within 3 months of death) Hypertensive cardiovascular disease	

Minor findings: Of operations

Of autopsy Above confirmed

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 Roger Sweetman, M.D. (M. D. or other)

Address 1515 Lafayette Date signed 6-1-43

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.