V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

Registration District No. 181

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21815

Primary Registration District No. 5594

Registrar's No. 16-11

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

1. PLACE OF DEATH:
(a) County: JEFFERSON
(b) City or town: RURAL MERAMEC TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWN HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: JEFFERSON
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: NEAR HOUSE SPRINGS - Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ANNA MARIE VANDERCRUYSSEN (ECKSTEIN)
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: HENRY VANDERCRUYSSEN
6. (c) Age of husband or wife if alive: DEC. years
7. Birth date of deceased: JANUARY - 14 - 1851 (Month) (Day) (Year)

8. AGE: Years 93 | Months 3 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: NEAR - FRANKLIN Co. - Mo (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: RETIRED

FATHER
12. Name: GEORGE ECKSTEIN
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ANNA BARBARA LEIKAMP
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant: Leander T. Mode
(b) Address: Eureka Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: May 8 - 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: ST PHILOMENAS CEM. HOUSE SPRINGS
18. (a) Signature of funeral director: John A. Grimmer
(b) Address: House Springs Mo.
19. (a) 7 May 44 (Date received by local registrar) (b) J. A. Tourneau (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1944 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from 1 May 44, to 5 May 44, that I last saw her alive on 5 May 44, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: No

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: Laura A. Tourneau (M. D. or other)
Address: House Springs Mo Date signed: 7 May 44

5802

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-19-44

## 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 H. Brammer

Licensed Embalmer No. 1470

P. O. Address Stone Springs 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.**