

V. S. No. 2  
100M-2-43  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25776

FILED AUG 9 1944

State File No. \_\_\_\_\_  
Registrar's No. 1657

Registration District No. 3063

Primary Registration District No. 3063

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
D.O.A. St. Louis County Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis 96  
 (c) City or town Wellston 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6411 Easton Ave. 0  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Stokvis  
 (b) If veteran, name war none  
 (c) Social Security No. Unknown

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Edna Stokvis  
 (c) Age of husband or wife if alive 29 years  
 7. Birth date of deceased: August 16 1906  
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Winnipeg Canada 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Hendrik Stokvis  
 13. Birthplace Rotterdam Holland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Wiegink  
 15. Birthplace Amsterdam Holland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Barnhill  
 (b) Address 508 Rock St., Peru, Ill.

17. (a) Removal (b) Date thereof 8-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Paul, Minnesota

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

19. (a) 8-5-1944 (b) E. G. McHarman, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
 year 1944 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ 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 From injuries re-  
ceived when motorcycle he was  
Operating collided with an  
automobile on a public  
Highway.  
 Due to Crushing injury of the head.

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy NO

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 096  
 (b) Date of occurrence June 25, 1944  
 (c) Where did injury occur? McKelvey Rd.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature A. S. Greyfoyle Dep. Coroner  
 Address Clayton, Mo. 64228-46 (M. D. or other)  
 Date signed \_\_\_\_\_

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

129-8-70-44

907

OCT 27 1943

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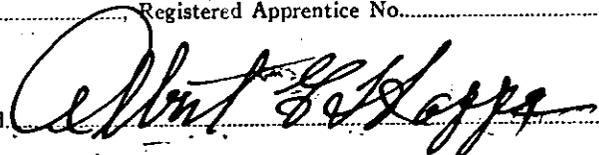
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed .....

..... Licensed Embalmer No..... 2971

..... 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.**