S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11880

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3634

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

1. PLACE OF DEATH:

(a) County Homer Phillip's Hospital
(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: Homer Phillip's Hospital 0
(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: 006

(a) State MISSOURI (b) County 12
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 616 N. Euclid
(If rural, give location)
(e) Citizen of foreign country? 0 (~~Yes~~ or No)
If yes, name country .....

3. (a) PRINT FULL NAME MAZIE VAN DYKE

3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ John Van Dyke
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 12 (Month) 8 (Day) 1894 (Year)

8. AGE: Years 50 Months 4 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Lebanon (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation House wife
11. Industry or business .....

FATHER
12. Name John Wesley
13. Birthplace MISSOURI (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Louella ?
15. Birthplace MISSOURI (City, town, or county) (State or foreign country) 0

16. (a) Informant John Van Dyke
(b) Address 616 N. Euclid Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Russell Undertakings Co
(b) Address 2732 Pine ST.
19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 20 year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Apr 18, 1945 to Apr 20, 1945; that I last saw her alive on Apr 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 1 day
Due to Hypertension ?
Due to .....
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations No
Of autopsy .....

Duration

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 [signature] (M. D. or other) .....
Address [signature] Date signed .....

(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 Jack Russell

Licensed Embalmer No. 442

P.O. Address St Louis

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.