

FILED AUG 11 1945
318

Primary Registration District No. 1008

Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Bethesda Hospital
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED: 6931
(a) State New York (b) County Montgomery 999
(c) City or town Canajohari
(d) Street No. 32 Church Street
(e) Citizen of foreign country? 2 (Yes or No)

3. (a) PRINT FULL NAME Angelica Emma Angelica Van Alostyne
(b) If veteran, name war No.
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 6
year 1945 hour 11 minute 45 A. M.

4. Sex Female/ 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Grant
6. (c) Age of husband or wife if Buddle & Adelbert Van Alostyne, alive
7. Birth date of deceased July 14, 1875

21. I hereby certify that I attended the deceased from 8/5/45 to 8/6/45
that I last saw her alive on 8/6/45
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis
Heart disease

8. AGE: Years 70 Months 0 Days 22
If less than one day hr. min.

Due to by post tuss pneumonia 3 days
Due to 94

9. Birthplace Argusville, N. Y.

Other conditions

10. Usual occupation At home
11. Industry or business Not employed

Major findings: Of operations No operation

MOTHER FATHER { 12. Name John Dunn,
13. Birthplace New York
14. Maiden name
15. Birthplace New York

Of autopsy No. autopsy
22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. R. S. Fifield
(b) Address 432 Par Lane, Kirkwood 22 Mo.
17. (a) Removal (b) Date thereof 8/7/45
(c) Place: burial or cremation Canajohari, N. Y.
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) AUG 7 1945 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. F. Brudeck (M. D. or N. P.)
Address 4660 Maryland Avenue Date signed 8/6/45

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.....

Licensed Embalmer No. 1994

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.