

S. No. 2
M-5-43
7-5-17-39
p I X3667

FILED JAN 21 1946
318

State File No. _____
Registrar's No. 189

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
615 Walsh St., /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Van De Ven,
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
 6. (b) Name of husband or wife Jacob Van De Ven, 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased November 19th 1878
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 67 | 1 | 16 | hr. min. |

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name John Stroot,
 13. Birthplace Germany,
(City, town, or county) (State or foreign country)

14. Maiden name Don't know,
 15. Birthplace Don't know,
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Van De Ven,
 (b) Address 615 Walsh St.,

17. (a) Burial, (b) Date thereof 1/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
 (b) Address 2842 Meramec St.

19. (a) JAN 7 1946 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 615 Walsh St.,
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
 year 1946 hour 2: minute 45 P., M.

21. I hereby certify that I attended the deceased from Oct. 26, 1945 to Jan. 5, 1946
 that I last saw h. or alive on Jan. 5, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis 6 mos
Chronic Interstitial Nephritis "

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) 131

Major findings:
 Of operations _____
 Of autopsy _____

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? _____ (c) Means of injury _____
 23. Signature A. W. Peters (M. D. or other) M.D.
 Address 4145 a S. Grand Blvd. Date signed _____

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

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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Loren B. Percy*.....

Licensed Embalmer No.....4094.....

2842 Meramec St.,
P. O. Address.....St. Louis, 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.