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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **4206**

**FILED MAY 17 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(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

3. (a) PRINT FULL NAME JOHN VAN KLEECK  
3. (b) If veteran, name war None  
3. (c) Social Security No. 096-07-9973

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Beatriz Van Kleeck  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased Dec. 9, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 28 hr. min.

9. Birthplace Elmira N. Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Superintendent

11. Industry or business Retired

12. Name Richard Van Kleeck

13. Birthplace Holland  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Monkhouse

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Beatriz Van Kleeck

(b) Address 1907 East Linton

17. (a) Burial (b) Date thereof 5/10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 9 1946 J. F. Predest  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County acc  
(c) City or town St. Louis 9/7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1907 East Linton Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1946 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from March 29  
1946 to May 7, 1946.  
that I last saw h. in alive on May 7, 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Angina Pectoris  
Duration 10 years

Due to Hypertensive and Arteriosclerotic Heart Disease 20 years

Due to \_\_\_\_\_  
Other conditions Angina 9/7 7 years  
(Include pregnancy within 9 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Examined  
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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Richard Van Kleeck (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 5/8/46

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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.....

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

Signed William G. Buhler

Licensed Embalmer No. 2110

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.**