

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947
#12280

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7068
Registrar's No. 1619

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 0
In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 15 17
(d) Street No. 4821 S. Broadway Memorial
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HAZEL VAN VEEN
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 15th
year 1947 hour 9:25 minute A M.
21. I hereby certify that I attended the deceased from 2/5/47 to 2/15/47 19...
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased February 17 1899
(Month) (Day) (Year)

Immediate cause of death
Tumors of rt. middle meningeal artery
Due to extensive supratentorial lesions of rt. cerebral hemisphere
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above

8. AGE: Years 47 Months 11 Days 28
If less than one day hr. min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business John Maddox
12. Name
13. Birthplace Mo.
14. Maiden name Annifer Roberts
15. Birthplace Mo.

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

16. (a) Informant William VanVeen
(b) Address 4821 S. Broadway
17. (a) Burial (b) Date thereof 2/18/47
(c) Place: burial or cremation St. Trinity
18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.
19. (a) FEB 17 1947 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

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?
23. Signature 1515 Lafayette (2/15/47)
Date signed

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

BA-0599

STATEMENT BY LICENSED EMBALMER

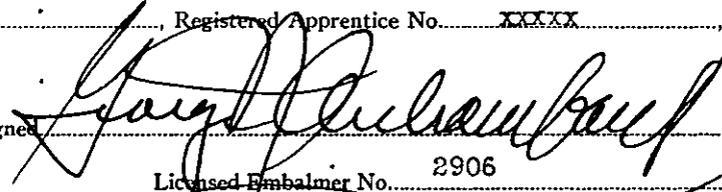
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.