

FILED APR 28 1947

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 915

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7151 Dartmouth
(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 PHILIP J. VAN DER HACK.

3. (b) If veteran, name war none 3. (c) Social Security No. 492-10-7450

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife: ***** 6. (c) Age of husband or wife if alive: ***** years

7. Birth date of deceased: May 18 1914
(Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace: Strgator Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: Accountant

11. Industry or business _____

MOTHER FATHER { 12. Name Morris VanDerHack
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Alma Haas
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alma VanDerHack
(b) Address 7151 Dartmouth

17. (a) Burial (b) Date thereof 4/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Sinai

18. (a) Signature of funeral director: Mayer

(b) Address 4356 Lindell Blvd

19. (a) 4-23-47 (b) Carla J. Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7151 Dartmouth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from May 1 1947 to May 27 1947
that I last saw him alive on May 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulver Paralysis 12 hrs
Post Encephalitis lethargica 1 days
Encephalitis 2 weeks

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

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 D

Signature M M Freund (M. D. or other)
Address 1703 S Grand Date signed 4/21/47

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

X47070

MAY 13 1947

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

John S. Pennek

Licensed Embalmer No.

4194

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.