

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3375

State File No.

0461

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY D		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI)		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 24 3836 Texas Ave.,		2249	

3. NAME OF DECEASED (Type or Print) JULIUS	a. (First)	b. (Middle)	c. (Last) VAN EENOO	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 15, 1954
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH October 5, 1873	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod Carrier	10b. KIND OF BUSINESS OR INDUSTRY Retired 25 Yrs.	11. BIRTHPLACE (City and State or Foreign Country) Belgium,	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UnKnown,	13b. MOTHER'S MAIDEN NAME UnKnown,	14. NAME OF HUSBAND OR WIFE Henrietta Van Eenoo, (Dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Emily M. Stoff, ADDRESS 3836 Texas Ave.

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema	DUE TO (b) arterio-sclerotic heart disease		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Advanced cirrhosis of liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from **1-11-54**, 19____, to **1-15-54**, 19____, that I last saw the deceased alive on **1-15-54**, 19____, and that death occurred at **9:55A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Type or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 1-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,	24b. DATE 1/18/54	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JAN 16 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.
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WRITE PLAINLY—USING 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....., Student Embalmer No. me..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Laron E. Perce.....

Licensed Embalmer No. 409
2842 Meran
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.