

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21383

4754

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

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Enroute City Hospital.		.. STREET ADDRESS (If rural, give location) 23 1901 Oregon Ave. 22390			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) John	b. (Middle)	c. (Last) Van Eenoo	(Month) May	(Day) 27, (Year) 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 6, 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Concession Operator Concessions	10b. KIND OF BUSINESS OR INDUSTRY Concessions	11. BIRTHPLACE (City and State or Foreign Country) Belgium	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Julius Van Eenoo	13b. MOTHER'S MAIDEN NAME Janet Unknown	14. NAME OF HUSBAND OR WIFE Katherine Van Eenoo,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. W. W. I	17. INFORMANT'S SIGNATURE OR NAME Evelyn Eddings, ADDRESS 1478a Burd Ave.
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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)		DUE TO (b) Coronary Occlusion		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Coronary Sclerosis		
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"/>
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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)
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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? 4201
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22. I hereby certify that I attended the deceased from **8:45 P.M.**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Patrick Taylor Carson	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-1-54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.
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DATE REC'D BY LOCAL REG. MAY 28 1954	REGISTRAR'S SIGNATURE Charles Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.
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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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *J. W. Binkley*.....

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**