

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

39228

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
1003  
Primary Registration District No. 3829 West ave

File No. 11405  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Marie Van Hell

(a) Residence. No. 3829 West ave St., 20 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 15 hrs. or 15 min. —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) —  
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Christ Van Hell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) So. Dakota

12. MAIDEN NAME OF MOTHER Marie Leipp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT (Address) Christ Van Hell 3829 West ave

15. FILED 13 1931 W. C. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931, to Nov 12, 1931 that I last saw her alive on Nov 12, 1931, and that death occurred, on the date stated above, at 7:30 P.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

157 Malformation  
152/59  
(duration) yrs. mos. ds. —  
CONTRIBUTORY (SECONDARY) Pneumonia Bronch 6 mo  
(duration) yrs. mos. ds. —

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Plaus death

0 DID AN OPERATION PRECEDE DEATH: No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: Visual findings  
(Signed) William T. Hildesheim, M. D.  
11/12, 1931 (Address) 35100 N Grand

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens Cemetery DATE OF BURIAL Nov. 13 1931

20. UNDERTAKER Goodhart & Goodhart ADDRESS St. Louis Ave

WHITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

