

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

Do not use this space.

18258

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 3133 Gurney Court) St. .... Ward)

**2. FULL NAME** Annie Van Hoogstrate

(a) Residence, No. 3133 Gurney Court 16 Ward. (If nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Van Hoogstrate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland 13

13. NAME Peter Hamburg 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

15. MAIDEN NAME Caroline De Pauw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) J. B. Van-Hoogstrate  
3133 Gurney

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE June 1 1932

19. UNDERTAKER (ADDRESS) Mullen and Co.  
5165 Delmar Blvd.

20. FILED MAY 31 1932 man G Starreloff  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to May 15 1932  
 I last saw her alive on May 15 1932 Death is said to have occurred on the date stated above, at 12:35 pm.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma - Pancreas  
WOP 46 f  
 Other contributory causes of importance:  
①

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury..... No

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Latijusella  
 (Signed) Latijusella M. D.  
 (Address) 411 Beaumont Blk

WRITE PLAINLY, 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.

Dr Robert M. ... ✓  
3720 Washington Jr 5100  
375 500000

AUG 20 1947