

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

14577

1. PLACE OF DEATH

County ..... Registration District No. **701**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis**, (No. **Depaul Hospital**) St. .... (Ward) .....

File No. ....  
Registered No. **3933**

2. FULL NAME

**Alice Stoverink**  
(a) Residence, No. **1393 Temple**, St. **6**, Ward. ....  
(Usual place of abode) (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) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 8, 1906**

7. AGE YEARS **26** MONTHS **10** DAYS **29** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. **at home**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) **Missouri**

MOTHER FATHER  
13. NAME **John W. Stoverink**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER FATHER  
15. MAIDEN NAME **Johanna Hulshof**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **John W. Stoverink**  
**1393 Temple**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **May 7, 1933**

19. UNDERTAKER (ADDRESS) **Jos. Dr. Leboth**  
**1125 Washington Ave**

20. FILED **MAY - 2 1933**  
**F. V. Hedrick**  
Registrar.

**2** MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30, 1933**

22. I HEREBY CERTIFY That I attended deceased from **Apr 29, 1933**, to **Apr 30, 1933**.  
I last saw him alive on **Apr 30, 1933**. Death is said to have occurred on the date stated above, at **4:05 p.m.**  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of Liver**  
**4/25**  
**4/6**  
Other contributory causes of importance:

Name of operation **Exploratory Laparotomy** Date of **Apr 29, 1933**  
What test confirmed diagnosis? **Smear** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** 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

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify **Essentially unrelated**

(Signed) **W. H. Selig**, M. D.  
(Address) **W. H. Selig**

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. Eugene J. ...  
6677 Delaware Blvd  
12.30 to 2 P.M.