

DEC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1008

40765
Do not use this space.

10457

1. PLACE OF DEATH

(a) County.....1 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City.....St. Louis (d) Street No. Good Samaritan Altenheim St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Van Deinse Hessing

(a) Residence, No. 4500 Washington Bl. St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>8</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as 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) Holland

FATHER 13. NAME Jan Van Deinse

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

MOTHER 15. MAIDEN NAME Petronella Muntendean

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

17. INFORMANT Mrs. W.F. Pfeffer
(ADDRESS) 5909 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE Dec. 5, 1938

19. FUNERAL DIRECTOR (NAME) Charles Knox Union Home
(ADDRESS) 4911 Washington Bl.

20. FILED DEC 5 1938 J.P. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1938, to Dec 3, 1938

I last saw her alive on Dec 3, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

24. Was disease or injury in any way related to occupation of deceased? !
 If so, specify.....
 (Signed) H. F. Bergman M. D.
 (Address) 3220 Washington

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

Registered Apprentice No....., working under my personal supervision.

Signed *Howard F Rawland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo.*

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 this body is not embalmed, above space should be left blank.