

REC'D JAN 11 1939

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

41217

Do not use this space.

10909

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. Enroute city Hospital #1 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Van Hest

(a) Residence, No. 3206 Vista Ave. St. 18  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Husband of Florence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor  
9. Industry or business in which work was done, as saw mill, bank, etc. Tailor Shop  
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wisconsin

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Florence Van Hest  
(ADDRESS) 4855 Northland

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Dec. 22, 1938

19. FUNERAL DIRECTOR A. W. McLaughlin  
(ADDRESS) 2301 Lafayette

20. FILED DEC 20 1938 J. B. Bieder Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4 AM.

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

Diabetes  
Chronic Myocarditis

Other contributory causes of importance:

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.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....  
(Signed) Joseph H. [Signature] M.D.  
(Address) [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Paul A. Keith, Licensed Embalmer No. 3612

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Paul A. Keith  
Licensed Embalmer No. 3612

**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.)**