DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24039

REC'D AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6312

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County St. Louis

(c) City or town St. Louis 16 (If outside city or town limits, write "RURAL")

(d) Street No. 3000 Louisiana Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary A. Hoogstraet 236

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Seraphim Hoogstraet

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 8, 1858 (Day) ~~1939~~ (Year)

8. AGE: Years 80 Months 7 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home 6

11. Industry or business

FATHER
12. Name John Stuber 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Bruner
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ben Hoogstraet

(b) Address 3000 Louisiana Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/39 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director J H Gebken

(b) Address 3630 Gravois Av

19. (a) Jul 17 1939 (Date received local registrar) (b) J. F. Biedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1939 hour minute M.

21. I hereby certify that I attended the deceased from July 12, 1939, to July 15, 1939; that I last saw her alive on July 15, 1939, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis followed by uremia caused by chronic nephritis — Duration 2 wks.

Due to

Due to 131

Other conditions Chronic myocarditis (Include pregnancy within 3 months of death) — 5 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) — (County) — (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature John D Sentun (M. D. or other) (SERTL)

Address 2767 Gravois Date signed 7-17-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 1 X19511

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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.