

Registration District No. **NOV 15 1940 294** Primary Registration District No. **5 409B** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Franklin** (b) City or town **Central**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution. _____ specify whether
In this community **2 years 7 months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Morelton (rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **ALPHONSE VAN HOTE GEN**

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased. **Feb 16th 1891**
(Month) (Day) (Year)

8. AGE: Years **49** Months **7** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Peter Van Hote Gen**

13. Birthplace **Belgium**
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Vadaront**

15. Birthplace **Holland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gustav van Hote Gen**

(b) Address **2120 Lehighway Ave**

17. (a) **removal** (b) Date thereof **10 14 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis County**

18. (a) Signature of funeral director _____ (b) Address **267**

19. (a) **Nov 9, 1940** (b) **M. H. Duckworth**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **12**
year **1940** hour **3** minute **4 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**

Due to _____

Due to **94th**

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **none**

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

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **Oct 12 1940**

(c) Where did injury occur? **Central Ind Franklin Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **At home**

While at work? **no** (Specify type of place) _____
(Means of injury) **None**

23. Signature **W. H. Shiffin** (M. For other) _____
Address **Shiffin Bros** Date signed **10/12/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APPROVED BY THE BOARD

15 (10)

15 (10)

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

J. M. Leroy

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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, fact should be so stated above.