

No. 2
17-39
X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

791] STANDARD CERTIFICATE OF DEATH

State File No. **37193**
Registrar's No. **9466**

Registration District No. _____ Primary Registration District No. _____

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution 1410 N. Market St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community 50 Years.
(years, months or days)

3. (a) PRINT FULL NAME Thomas Martin Van Hook.

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

3. (c) Social Security No. 491-16-9281

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Alice Van Hook. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 22nd, 1865.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman.

11. Industry or business Sonnenfelds.

12. Name Burton Van Hook.

13. Birthplace Covington, Indiana.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

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

16. (a) Informant Alice Van Hook.

(b) Address 1410a N. Market St.

17. (a) Burial. (b) Date thereof 11-20-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cem.

18. (a) Signature of funeral director Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 18 1940
(Date received local registrar)

J. Frankish
(Local Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

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

(d) Street No. 1410a N. Market St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17 year _____ hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-5-40 to 11-16, 1940
that I last saw him alive on 11-16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Duration _____

Due to _____

Due to _____

Other conditions Saiality.
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul H. Chequer (M. D. or other) _____

Address 3518 Dolan Date signed 11/18/40

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

Dr Chapman 3518 Dodier St.
12-2 P.M.

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.....

John P. Buchholz
Licensed Embalmer No. *1674*

P. O. Address.....

2723 S. Linn

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.