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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11082

Registration District No. 475 Primary Registration District No. 5580 Registrar's No. 14-73

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL — MERAMEC (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 DAYS (Specify whether years, months or days) In this community 9

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JEFFERSON
(c) City or town VICTORIA (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME MARTIN MOLENAAR
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
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 alive ____ years
7. Birth date of deceased 2 (Month) 26 (Day) 1879 (Year)

8. AGE: Years 62 Months — Days 18 If less than one day ____ hr. ____ min.

9. Birthplace HOLLAND (City, town, or county) 4 (State or foreign country)
10. Usual occupation FARM LABORER
11. Industry or business
MOTHER FATHER
12. Name AMERIC MOLENAAR
13. Birthplace HOLLAND (City, town, or county) 4 (State or foreign country)
14. Maiden name WILMA VANDERPLAS
15. Birthplace HOLLAND (City, town, or county) 4 (State or foreign country)
16. (a) Informant Brother Bonaventure
(b) Address St. Joseph's Hill Infirmary
17. (a) Burial (Burial, cremation, or removal) (b) Date Mar 14 1941 (Month) (Day) (Year)
(c) Place: burial St. Joseph's Hill
18. (a) Signature of funeral director Brother Bonaventure
(b) Address St. Joseph's Hill Infirmary
19. (a) 14 Mar 1941 (Date received local registrar) (b) James A. Brunstein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1941 hour 6 minute 45 A M.
21. I hereby certify that I attended the deceased from Feb. 6th, 1941, to Feb. 6, 1941; that I last saw him alive on Feb. 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of the Stomach
Due to
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jesse S. Sargent (M. D. or other) MD
Address Eureka Mo Date signed 3/14/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.