. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16612

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4130

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 9 weeks (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves N.R 7
(If outside city or town limits, write "RURAL")

(d) Street No. 465 Catalina Ave 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Helen Marie Vande-Steeg

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex F 1

5. Color or race W

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 Nov. (Month) 26 (Day) 1921 (Year)

8. AGE: Years 19 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Minneapolis (City, town, or county) 1 Minn. (State or foreign country)

10. Usual occupation Scholar

11. Industry or business

FATHER
12. Name Gerrit J. Vande-Steeg
13. Birthplace Orange City (City, town, or county) 1 Iowa (State or foreign country)

MOTHER
14. Maiden name Pearl E. Heideman
15. Birthplace Minneapolis (City, town, or county) 1 Minn. (State or foreign country)

16. (a) Informant

(b) Address 465 Catalina Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1941 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mittelberg Undertakers

(b) Address Webster Groves Mo

19. (a) MAY 16 1941 (Date received by local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th.
year 1941 hour 6 minute 57 p.M.

21. I hereby certify that I attended the deceased from 2-26-41, 19, to 5/14/41, 19;
that I last saw h alive on 5/14/41, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Birth Injury	
Due to Athetosis	
Due to Athetosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Same	
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 [signature] (M. D. or other)

Address 4952 Maryland Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

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. Wm Bunkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

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

If this body is not embalmed, above space should be left blank.