

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16674

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 4192

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME JESSIE MAY VAN BOOVEN.

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. E. R. VanBooven 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG. 23 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 26 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Jos. L. Freasier.

13. Birthplace Charlotte, No. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Jennie A. Ford.

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

16. (a) Informant Mrs. Jack Fleck.

(b) Address # 2 Harwood Lane, Kirkwood, Mo.

17. (a) Entombment (b) Date thereof 5/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd

19. (a) MAY 19 1941 (b) J. B. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton, N.R. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 7558 York Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1941 hour 7:10 minute H M.

21. I hereby certify that I attended the deceased from _____, 1939, to May 19, 1941;
that I last saw her alive on May 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast (left) with general metastasis
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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)
Means of injury _____

23. Signature Earl R. Rice (M. D. or other) _____
Address Plumy Earth Bldg Date signed 5-19-41

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

20
17
9

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Clarence H. Murray

Licensed Embalmer No. *42711*

P. O. Address *St. Louis, 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, above space should be left blank.