

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33240
8195

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, Mo.
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3835a Folsom Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1941 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from April 23
1941 to Oct 10 1941
that I last saw him alive on Oct 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis Chronic

Duration

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 W. H. Oberlander (M. D. or other) _____
Address 3923 Olive Date signed 10/25/41

3. (a) PRINT FULL NAME WILLIAM H. VAN HORN

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

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

6. (b) Name of husband or wife Lida 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. 24 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired R.R. Engineer

11. Industry or business Frisco R.R.

12. Name Henry Van Horn

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

14. Maiden name Rachel Clary

15. Birthplace Ohio (City, town, or county) (State or foreign country)
Lida Van Horn

16. (a) Informant _____ (b) Address 3835a Folsom Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15 1941 (Month) (Day) (Year)

(c) Place, burial or cremation LOAK GROVE CEM.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester Ave.

19. (a) OCT 15 1941 (Date received local registrar) J. F. Brudek (Registrar's signature)

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

MOTHER FATHER

00
17
9

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. *1284*

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, fact should be so stated above.