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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33613
8571
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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
2805 McHair Av. Rear 1
(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 Mo. (b) County 000
(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL")
(d) Street No. 2805 McHair Av. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Emil Van Mierlo

3. (b) If veteran, name war no. 3. (c) Social Security No. 70

4. Sex Males 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 Oct. 11 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation City Street Dept.

11. Industry or business Laborer.

12. Name Casper Van Mierlo

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

14. Maiden name Rosa De Schott

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

16. (a) Informant Emma Fogler

(b) Address 2710 E Texas Av.

17. (a) Burial (b) Date thereof 10-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Witt Bro. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) OCT 29 1941 (b) J. F. Brudeck
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27th year 1941 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation when deceased was found hanging from rope attached to the chaisson between kitchen & bedroom of his home, on Oct. 27th, 1941, around 5:10 P. M.

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

Major findings: Of operations: Of autopsy: 10/27/41

Duration 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) Suicide

(b) Date of occurrence Oct 27th 1941

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

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

23. Signature Alfred Perry (M. D. or other) 3

Address Deputy Coroner Date signed 10/28/41

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

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.....

Paul Shanklin

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edgar F. Witt

Licensed Embalmer No.....

2107

P. O. Address.....

2929 S. Jefferson

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.