

No. 2
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DEPARTMENT OF COMMERCE
U.S. BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36080

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2056

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICHMOND-HEIGHTS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OSTMARYS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS
4 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town RICHMOND HTS MO
(If outside city or town limits, write "RURAL")

(d) Street No. 7410 Arlington Drive
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM VAN VELTHAW

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-01-6302

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sep 15 1941 to Oct 6 1941 and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH VAN VELTHAW

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: APRIL 20 1890
(Month) (Day) (Year)

Immediate cause of death: tuberculous peritonitis acute pulmonary embolism
Due to Saphenous thrombosis left.

Duration 9 mos
7-10 min
1 1/2 hrs

8. AGE: Years Months Days If less than one day

51 5 15 19 hr. 10 min.

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

Major findings: Same as above

Of operations _____

Of autopsy Same as above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace NEW YORK CITY 1
(City, town, or county) (State or foreign country)

10. Usual occupation CUTTER

11. Industry or business LADIES CLOTHING

12. Name JOSEPH VAN VELTHAW

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Van Velthaw

(b) Address 7410 Arlington Drive

17. (a) BURIAL (b) Date thereof OCT 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Station 1333

(b) Address 6736 Clayton Rd. Riv. Hts. Mo.

19. (a) OCT 8 - 1941 (b) C. S. Mc. Larson
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature R. Busell (M. D. or other) MD
Address 415 Beaumont Date signed 9/27/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. Wm Binkley

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 with the above constitutes grounds for revocation of license.)

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