V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7918

FILED MAR 10 1942

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 476

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Afton Mo R 14 Box 814 (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 St Louis 96

(c) City or town Afton Mo (If outside city or town limits, write "RURAL") 0

(d) Street No. R 14 - Box 814 (If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME Elody Van Moorhem

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

4. Sex Female 5. Color or race No 6. (a) Single, widowed, married, divorced 2 Widdow

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

7. Birth date of deceased Feb (Month) 12 (Day) 1877 (Year)

8. AGE: Years 65 Months — Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Belgium (City, town, or county) 4 (State or foreign country)

10. Usual occupation House work

11. Industry or business At Home

FATHER
12. Name Chalie Blomme
13. Birthplace Belgium (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Belgium (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mary Van Rie

(b) Address R 14 Box 814

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2-42 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Fendle Und C

(b) Address 7420 Michigan Av

19. (a) FEB 28 1942 (Date received local registrar) (b) G McGarvan MD (Registrar's signature) JZ

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct 20-1940 ....., 19.., to Feb 28, 1942 that I last saw her alive on Feb 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis — Duration I do not know

Due to .....

Due to .....

Other conditions 106 f (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 Waldo Hurll (M. D. or other) D

Address Ferry R 8 - Mo Date signed 2/28/42

707 (Licensed Embalmer's Statement on Reverse Side)

13

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: Olene E Pendle

Licensed Embalmer No. 4148

P. O. Address: Conway 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.