

FILED APR 6 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 723

1. PLACE OF DEATH:

(a) County Pine Crest Nursing Home  
(b) City or town Ballwin, Mo. St. Louis Co.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos. 12 Days  
(Specify whether in this community 2 mos. 12 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State unknown (b) County 96  
(c) City or town 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Holland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th  
year 1942 hour 7:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from March 1st, 1942, to March 10, 1942  
that I last saw him alive on March 10, 1942  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME PETER DE BRULJE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

Immediate cause of death Chronic myocarditis  
Due to Chronic nephritis  
Due to Cerebral hemorrhage with hemiplegia 1941  
Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings: Of operations -  
Of autopsy -  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

4. Sex Male 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 11 10 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation unknown

11. Industry or business 11

12. Name unk

13. Birthplace 11 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace 11 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home

(b) Address Ballwin, Missouri

17. (a) Unknown (b) Date thereof 3-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. R. R.  
(b) Address 3700 S. Grand

19. (a) MAR 31 1942 (b) St. Louis  
(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 Und  
23. Signature B. R. Loving (M. D. or other)  
Address Ballwin, Mo Date signed 3-14-42

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

600

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**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.....

P. O. Address.....

**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.**