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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16757

FILED JUN 22 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5162

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

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9 / 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3925 Olive
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Emma Evelyn Van Loon

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife A. W. Van Loon 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt 85 Months Days If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name ------(Unknown) Roach
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant S. Mayer
(b) Address 4356 Lindell

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/15/42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Ashley Ill

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell

19. (a) JUN 1 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 12, year 1942 hour 1:07 minute A. M.

21. I hereby certify that I attended the deceased from June 8, 1942, to June 12, 1942; that I last saw her alive on June 12, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis arteriosclerotic heart disease

Due to

Due to 93

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations

Of autopsy refused

Duration

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 Dom Petersen (M. D. or other) 0

Address 1515 Lafayette Avenue, Date signed 6/12/42

(Licensed Embalmer's Statement on Reverse Side)

## 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. G. Sullivan

Licensed Embalmer No. 1722

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.**