

FILED DEC 1 1942 318  
Registration District No. ....

Primary Registration District No. 1003

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

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:  
4137a N. Grand Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 35 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4137a N. Grand Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mathilda De Van  
(b) If veteran, name war Nil  
(c) Social Security No. Nil

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 21  
year 1942 hour 12 minute 30 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Arthur De Van  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased November 8 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 26, 1942, to Nov 21, 1942  
that I last saw her alive on Nov 21, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
50 0 13 ..hr. ....min.

Immediate cause of death  
Melanoma - Sarcoma Liver (metastatic from Rectum)  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none

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

10. Usual occupation Housewife  
11. Industry or business.....  
12. Name Fred Mold  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Rehg  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur De Van  
(b) Address 4137a N. Grand Blvd.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Lebanon Cem  
18. (a) Signature of funeral director Quedman & Sons  
(b) NOV 23 1942 (Date received local registrar)  
19. (a) J.F. Bredbeck (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(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 S.J. Javans (M. D. or other)  
Address 607 N. Grand Date signed 11-23-42

*Dr. [unclear]*

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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 *Alfred J. Broecker*  
Licensed Embalmer No. *2663*  
P. O. Address *5934 Alpha*

**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.**