. S. No. 2
M—9-4-41
. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12908

FILED APR 19 1943

Local Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3221

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: 5330 Pershing (If not in hospital or institution, write street number or location)

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

In this community ~~5330 Pershing~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5330 Pershing (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph VanRaalte

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dora VanRaalte

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

7. Birth date of deceased June (Month) 1 (Day) 1866 (Year)

8. AGE: Years 76 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Insurance Agt.

11. Industry or business

FATHER

12. Name Julius VanRaalte

13. Birthplace Holland (City, town, or county) 4 (State or foreign country)

MOTHER

14. Maiden name not known

15. Birthplace Hollend (City, town, or county) 4 (State or foreign country)

16. (a) Informant Dora VanRaalte

(b) Address 5330 Pershing

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director H. Pinderhuff

(b) Address 5216 Delmar

19. (a) APR 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 1 year 1943 hour 2 30 A.M. minute M.

21. I hereby certify that I attended the deceased from 1941, 19, to 1943, 19, that I last saw h/M alive on 3/26 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Arteriosclerosis	
Due to:	
Other conditions (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 Martin VanRaalte (M. D. or other)

Address 4016 Chamberlain Date signed 4/5/43

(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 Wilbur T. Hiram

Licensed Embalmer No. 4319

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.