

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15410

Registrar's No.

824

Registration District No. 27

Primary Registration District No. 6076

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Jennings, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings (If outside city or town limits, write "RURAL")
(d) Street No. 2315 McClaran (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORNELIUS HOEKSTRA

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 19 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Johan Hoekstra
13. Birthplace Holland (City, town, or county) (State or foreign country) 4
14. Maiden name unknown
15. Birthplace Holland (City, town, or county) (State or foreign country) 4

16. (a) Informant Henry Hoekstra

(b) Address Madison Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6/43 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlem

18. (a) Signature of funeral director E. H. Schindler

(b) Address Grant City, Ill

19. (a) 4-6-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3 year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 1, 1943 to Apr. 3, 1943; that I last saw him alive on Apr. 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis Duration 6 mos.

Due to _____

Due to _____

Other conditions Cardiac Asthma (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 131

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.-D. or other) A.C.

Address 3571 Thibault St. Date signed 4/4/43

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

NOV - 4 1943

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 E. W. Schildmann

Licensed Embalmer No. 440

P. O. Address Granite City Ills

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.