

Filed **JUL 6 1943** 318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
5603 A. Michigan ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME **George W. Van Ronzelen**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mathilda**

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

7. Birth date of deceased **November 26 1861**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| 81 | 7 | 2 | hr. min. |

9. Birthplace **St. Louis Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Retired**

12. Name **Wm. Van Ronzelen**

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

14. Maiden name **Louisa Tautphaens**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mathilda Van Ronzelen**

(b) Address **5603 A. Michigan ave.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **June 30, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cem. Mehlville Mo.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **JUN 29 1943**
(Date received local registrar)

J. F. Breeseck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**

(b) County **St. Louis**

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

(d) Street No. **5603 A. Michigan ave.**
(If rural, give location)

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

If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **1943** hour **6** minute **15 a.**

21. I hereby certify that I attended the deceased from **May 21**
1943 to **June 28, 1943**
that I last saw him alive on **June 28**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** 4da

Due to **Senility & Debility**

Other conditions **4/20**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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? **No.**

While at work?.....
(Specify type of place)

(e) Means of injury.....

23. Signature **J. F. Breeseck** (M. D.)

Address **7405 Michigan Ave** Date signed **6/29/43**

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.....

Paul A. Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Paul A. Shanklin.....

Licensed Embalmer No.....

3472

P. O. Address.....

781A So. Broadway

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.