

FILED AUG 14 1943

Registration District No. 517

Primary Registration District No. 3168

State File No. \_\_\_\_\_

Registrar's No. 1831

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6902 Robbins Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Johanna Baerveldt.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jean F. Baerveldt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 14, 1859.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 5 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name ? Schenk

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

14. Maiden name ? Seagers

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

16. (a) Informant Harry Baerveldt  
(b) Address 6902 Robbins Ave.

17. (a) Burial (b) Date thereof Aug. 9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.

19. (a) AUG 10 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9  
year 1943 hour 2.00 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1942, to Aug. 8, 1943  
that I last saw her alive on Aug. 8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic Myocarditis  
Arterial sclerotitis  
Due to Senility

Due to \_\_\_\_\_  
Other conditions:  
(Include pregnancy within 3 months of death)  
938

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Ralpa Tracy (M.D. or other) \_\_\_\_\_  
Address 6400 East Date signed 8/9/43

MOTHER FATHER

*John J. Ogonoski*

**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 *John Ogonoski*  
Licensed Embalmer No. *3398*  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**  
If this body is not embalmed, fact should be so stated above.