V. S. No. 2
50M—5-42
Rev. 5-17-39
Exp. 1 X32878

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30185
7872

REC'D SEP 17 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthonys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution I day (Specify whether years, months or days) In this community 2 months

2. USUAL RESIDENCE OF DEASCED:
(a) State Missouri (b) County St. Louis
(c) City or town ~~St. Louis~~ Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 233 W. Loretta (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Wilbert Joseph Van Mierlo
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) – 27 (Day) – 1943 (Year)
8. AGE: Years — Months 2 Days 6 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Peter Van Mierlo
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Helen Eichorn
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Peter Van Mierlo
(b) Address 233 W. Loretta
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Avenue
19. (a) SEP 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1943 hour 6 minute 25P M.
21. I hereby certify that I attended the deceased from July, 1943 to Aug 31, 1943 that I last saw him alive on Aug 31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Central lobar)	2 day
Due to	
Due to Grippe and Tonsilitis Streptococcus	4 day
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 George A. Stallman M.D. (M. D. or other)
Address 4211 W. Lebanon Date signed 9/1/43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.