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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1095

State File No.

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1161

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 17

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

(d) Street No. 4562 6175 Delmar Blvd Parkview
(If rural, give location)

(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME FLORENCE ELIZA VAN ARSDEL

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1944 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from Feb. 1
1944, to Feb. 3, 1944;
that I last saw h. e. r. alive on Feb. 3, 1944;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife..... Joseph B. Van Arsdel

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

7. Birth date of deceased 12 27 1868
(Month) (Day) (Year)

Immediate cause of death.....
Terminal broncho-pneumonia
arteriosclerotic heart disease

Duration many yrs

Other conditions:
(Include pregnancy within 3 months of death) 93

8. AGE: Years Months Days If less than one day

75 1 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Leonard Stockwell

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

14. Maiden name Clara Lavinia Smith

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara V. Whisnand

(b) Address 4562 Parkview Place

17. (a) Burial (b) Date thereof 2-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander Sano

(b) Address 6175 Delmar Blvd.

19. (a) FEB 5 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy none performed

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 M. C. Abney BARNES HOSPITAL (M. D. certificate)
Address..... Date signed 2/3/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.