

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

13448

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2 1944

318

1003

Registrar's No.

3793

Registration District No. Primary Registration District No.

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:  
7123 St. James Sq.  
(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 000  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7123 St. James Sq.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mrs Cora Van Beers

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph Van Beers  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Oct. 26, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>26</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name ? Carmean

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

14. Maiden name Unknown

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

16. (a) Informant Catherine Reuter

(b) Address 7123 St. James Sq. St. Louis, Mo.

17. (a) Burial (b) Date thereof April 25, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) APR 21 1944 (b) J. T. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day 4/22/44  
year..... hour 1:30 PM minute..... M.

21. I hereby certify that I attended the deceased from 4/10/44 to 4/22/44, 19.....  
that I last saw her alive on 4/20/44 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration 2 1/2 yrs

Due to.....  
Due to..... 48

Other conditions Acute Myocarditis 2 wks.  
(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?.....

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

23. Signature E. B. ... (M. D. or other) MD.

Address 2901 ... Date signed 4/24/44

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

MOTHER FATHER

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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 3454

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**