

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11408**

FILED MAR 18 1946

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

2799

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:
Enroute to City Hospital #1 **3**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 1715
(If outside city or town limits, write "RURAL")
 (d) Street No. 4241a Chippewa Street 7
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME VICTOR MAENHOUT

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

4. Sex Male **D** 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Marie Maenhout
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 19, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Belgium **4**
(City, town, or county) (State or foreign country)

10. Usual occupation Hod Carrier

11. Industry or business _____
 12. Name Ivo Maenhout **4**

13. Birthplace Belgium **1**
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Baert **1**

15. Birthplace Belgium **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Miller **1**

(b) Address 4144 Fillmore Street

17. (a) Burial (b) Date thereof 3-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Wm C. Maydell

(b) Address 1926 Allen Avenue

19. (a) MAR 25 1946 J. F. Bredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
 year 1946 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion; Coronary Sclerosis Cardiac Hypertrophy
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 95

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? _____

While (at work) _____ (Specify type of place) (e) Means of injury 3
 23. Signature John E. Taylor (M. D. or other) **3**
 Address 117 St. Date signed 3/26/46

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 Benj. L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.

Registration District No. 318

Primary Registration District No. 1003

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. 19 (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day..... hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 3-25-1946 (Date received by registrar) (b) J. F. Bruseck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 23 year 1946 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

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.

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(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. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

APR 5 1946

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

11408