

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

15237

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

**FILED** APR 24 1946  
318

Registrar's No. **3397**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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:  
5870 Theodosia Ave.  
(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. 5870 Theodosia Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John W. Stoverink.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-10-0798

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Johanna Stroverink

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov. 27, 1881.  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 12  
year 1946 hour 2.45 minute A.M. 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 \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>15</u>	<u>3</u> hr. _____ min.

Duration \_\_\_\_\_

Due to Coronary Sclerosis

Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Machinest Foreman

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**MOTHER, FATHER**

12. Name Anthony Stoverink

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

14. Maiden name Dont Know

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

16. (a) Informant Mrs. Johanna Stoverink

(b) Address 5870 Theodosia Ave.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof April 16/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) APR 13 1946  
(Date received local Registrar) (b) J. F. Bradeck  
(Registrar's signature)

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 Robert E. Taylor (M. D. or other) \_\_\_\_\_

Address 1125 Hodiament Ave. Date signed 4/12/46

(Licensed Embalmer's Statement on Reverse Side)

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

City Coroner

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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.....

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

Signed.....

*Alfred J. Bredeker*  
.....  
Licensed Embalmer No. 2663.....

P. O. Address 1125 Hodiament Ave.,  
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**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.**