. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17997

Registration District No. 367 Primary Registration District No. 6076 Registrar's No. 179

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2454-Prouhet Avenue
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2454-Prouhet Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jane F. Vanderhoof
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sheldon J.
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Dec (Month) 22 (Day) 1896 (Year)
8. AGE: Years 49 Months 5 Days 5 If less than one day hr. min.
9. Birthplace Brooklyn (City, town, or county) N.Y. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Edward Donnelly
13. Birthplace Brooklyn (City, town, or county) N.Y. (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Sheldon J. Vanderhoof
(b) Address 2454-Prouhet Ave-Overland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo Cem
18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland, Mo
19. (a) 5-31-46 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1946 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from Jan. 2 - 1946 to May 27 1946 that I last saw her alive on May 26 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	years
Due to	
Due to	
Other conditions Uremia - (Include pregnancy within 3 months of death)	7 days

Major findings: Of operations None -
Of autopsy None -

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) No.
(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 Roy A. Hoelter (M. D.)
Address 2438 Woodson Rd - Date signed 6-27-46

(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 Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address Overland, 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.