

FILED OCT 28 1946

State File No. **34783**  
Registrar's No. **367A**

Registration District No. **217**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **In hospital or institution since 7-31-46**  
In this community **1 1/2 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **HOEKSTRA, Robert**

3. (b) If veteran, name war **WW-II**  
3. (c) Social Security No. **none**

4. Sex **male**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs. Elizabeth Hoekstra**  
6. (c) Age of husband or wife if alive **45** years  
7. Birth date of deceased **January 10 1897**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **9** Days **5**  
If less than one day hr. min.

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

10. Usual occupation **Retired Army Officer**

11. Industry or business

12. Name **John Hoekstra**  
13. Birthplace **Netherlands**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dora Leo**  
15. Birthplace **Netherlands**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.**  
(b) Address **Jefferson Barracks, Missouri**  
17. (a) **Removal** (b) Date thereof **Oct. 19, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Long Island, New York**

18. (a) Signature of funeral director **C. Hoffmeister U & L**  
(b) Address **7814 S. Broadway Co., St. Louis, Missouri**  
19. (a) **10-21-46** (b) **Ruth A. Allen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **15**  
year **1946** hour **9:40** minute **P.** M.  
21. I hereby certify that I attended the deceased from **July 31, 1946**  
to **October 15, 1946**  
that I last saw him alive on **October 15, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CANCER OF STOMACH**  
Duration **UNK.**

Due to **46**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **CELIOTOMY, BIOPSY AND CLOSURE, Sept. 3, 1946**  
Of operations  
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?

While at work (Specify type of place) Means of injury  
23. Signature **E. STILWELL, M.D.** (M. D. or other)  
Address **Vet. Adm. Hosp., Jeff. Bks. Mo.** Date signed **10-15-46**

0761 02 AGH  
29 1946

### 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

*Harry J. Sakumaster*

Licensed Embalmer No.

*2679*

P. O. Address

*7814 S. Broadway*

**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.