

S. No. 2
M-8-43
S-17-39
I-X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2202

State File No. _____

FILED JAN 20 1947

Registrar's No. 434

Registration District No. 3/6

Primary Registration District No. 4461

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bismarck Mo.
(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 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Theodore Christian VanHerck

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Johannah VanHerck 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 11 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 5 26 _____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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 T.A. Van Herck
(b) Address Bismarck Mo.

17. (a) Burial (b) Date thereof 1-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Missouri

18. (a) Signature of funeral director: White & Hill

(b) Address Bismarck Mo.

19. (a) 1-9-47 (b) Ether Rudioff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1 1946 to Jan 7 1947
that I last saw him alive on 12-28-46 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis
Senility
Due to _____
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97
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 James W Souffner (M. D. or other) MS
Address Bismarck Mo Date signed 1-9-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 147-89
Date Filed 1-15-47

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 Arnel J. White

Licensed Embalmer No. 342

P. O. Address Imitor Inc.

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.