

No. 2  
12-45  
17-39  
X47070

7069

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 3 1947

1788

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ....

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:  
1245 N. Kingshighway  
(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 Missouri (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1245 N. Kingshighway  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Josephine Van Velzer

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18  
year 1947 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Feb 17, 1947 to Feb 18, 1947  
that I last saw her alive on Feb 18, 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

7. Birth date of deceased March 6 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 18 hr. min.

Immediate cause of death.....

Due to Cerebral Hemorrhage 2 days

Due to Chronic Interstitial Nephritis 1 year

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

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

10. Usual occupation Practical Nurse

11. Industry or business.....

12. Name Casper Rolf

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

14. Maiden name Mary Broeckaeck

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Kamp

(b) Address.....

17. (a) Burial (b) Date thereof Feb 22 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John, s. Cem

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat. Bridge Blvd

19. (a) Feb 21 1947 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... no

(b) Date of occurrence..... no

(c) Where did injury occur?..... no  
(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..... 0

23. Signature D. A. Thomson (M. D. or other)  
Address 3121 N. Grand Date signed Feb 19

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

MOTHER FATHER

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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.....

*Ralph C. Lindner*

Licensed Embalmer No. *4275*

P. O. Address.....

*St. Louis, 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.**