

No. 2
-12-45
-17-39

X47070

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

FILED MAY 9 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Daniel W. deJong

3. (b) If veteran, name war no _____

3. (c) Social Security No. 489-05-3073

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Laura deJong

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 30 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation salesman

11. Industry or business H.S.K. Millinery Company

12. Name Robert deJong

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

14. Maiden name Sarah Ann Croom

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

16. (a) Informant Mrs Laura deJong

(b) Address 3217 Barrett st

17. (a) burial (b) Date thereof May-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetary

18. (a) Signature of funeral director A. Krou R.O.U. Co.

(b) Address 2707 N. Grand Blv'd

19. (a) MAY 2 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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. 3217 Barrett st
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1947 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 28
1947 to Apr 30 1947
that I last saw him alive on Apr 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Recent multiple pulmonary emboli following old infection due to pleural pneumonia which followed or subtotal gastrectomy

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Cerebrals
Of operations closure of duodenum (old ulcer)

Of autopsy as given above

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? _____

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature B. H. Killek (M. D. or other) _____

Address 3121 N Grand Date signed 5/2/47

q Of

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 *Stanley H. Dixon*.....

Licensed Embalmer No. *4193*.....

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.