FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 30 1948

State File No. 34789

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9078

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: 4182a Sacramento Ave (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. 4182a Sacramento Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine L. Van Ree

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife late William Van Ree

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

7. Birth date of deceased March (Month) 16 (Day) 1871 (Year)

8. AGE: Years 77 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Fayetteville Ills (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name August Weiser
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Vahlkamp
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Matthews

(b) Address 4182a Sacramento a Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 4828 Nat Bridge Blvd

19. (a) OCT 20 1948 (Date received local registrar) (b) J. B. Lavater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1948 hour 5. minute A. M.

21. I hereby certify that I attended the deceased from 1940, 19, to Oct 18, 1948 that I last saw him alive on Sept 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic degenerative myocarditis	8 pm
Due to:	
Due to: Hypertension	8 pm
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause of 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? (e) Means of injury

23. Signature F. R. Frangan (M. D. or other)

Address 539 N Grand Date signed Oct 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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. Linders

Licensed Embalmer No. 4225

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.