

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 8448

FILED OCT 13 1949

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3857 Blaine Ave.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>17 3857 Blaine Ave.</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Elodie</u>			b. (Middle) <u>Louise</u>							
			c. (Last) <u>Verstraete</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1949</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 15, 1877</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Belgium</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Van Den Fountaina</u>				13b. MOTHER'S MAIDEN NAME <u>Louise ?</u>				14. NAME OF HUSBAND OR WIFE <u>Edward Verstraete</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Emil Verstraete</u>				ADDRESS <u>3857 Blaine Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>										<u>10 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>										<u>1-2 years</u>	
		DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										<u>331X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>MO</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>HTBX</u>							
22. I hereby certify that I attended the deceased from <u>July 12th</u> , 19 <u>49</u> , to <u>Sept. 29</u> , 19 <u>49</u> that I last saw the deceased alive on <u>Sept. 19</u> , 19 <u>49</u> , and that death occurred at <u>4</u> <u>A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Emil Verstraete</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>3624 Russell</u>				23c. DATE SIGNED <u>9-30-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>					
DATE REC'D BY LOCAL REG. <u>1</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons Und. Co.</u> ADDRESS <u>2630 Gravois Ave.</u>							

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Robert H. Gebken

Signed.....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.