

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1950

State File No. **42593**  
Registrar's No. **11208**

BIRTH NO. **78809** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>MO</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Louis City Hospital #1.</b>		d. STREET ADDRESS (If rural, give location) <b>1421 Hogan St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>PETER</b>	b. (Middle)	c. (Last) <b>Hoorman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 24, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 19, 1869</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Upholsterer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Casket Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Florissant, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>		

13a. FATHER'S NAME <b>Herman Hoorman</b>	13b. MOTHER'S MAIDEN NAME <b>Mary ?</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-12-7699A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. George H. Keeven, Florissant, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mesenteric Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  DUE TO (b)  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <b>99</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5901</b>
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22. I hereby certify that I attended the deceased from **12/22/49**, 19**49**, to **12/24/49**, 19**49**, that I last saw the deceased alive on **12/24/49**, 19**49**, and that death occurred at **10:27am** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Albion R. [Signature]</b> (Degree or title)	23b. ADDRESS <b>St. Louis City Hospital 1515 Lafayette</b>	23c. DATE SIGNED <b>12/24/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-30-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Florissant, Missouri</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 29 1949</b> <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Callinae Bros. 3320 N. Kingshighway</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Fred Frick*

Licensed Embalmer No. 3186

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.